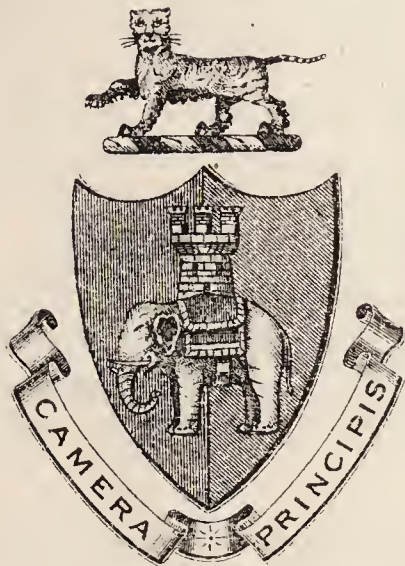


CITY OF COVENTRY.



# Annual Report

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.. ON ..

## The Health of the City

.. BY ..

E. H. SNELL, M.D., B.Sc., Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

*Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow, and Member of the Council, of the Royal Institute of Public Health; Fellow of the Royal Sanitary Institute; Past-President of the Midland Branch of the Society of Medical Officers of Health; Member of the Royal College of Surgeons, the Royal Society of Medicine, and the Medico-Legal Society.*

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1911.

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Coventry:

CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

## SANITARY COMMITTEE.

MR. ALDERMAN WILLIAM LEE, J.P., *Chairman.*  
 MR. ALDERMAN WILLIAM HEWITT, *Vice-Chairman.*  
 THE MAYOR (COLONEL W. F. WYLEY, V.D., D.L., J.P.)  
 MR. COUNCILLOR J. BAUSOR.  
 MR. COUNCILLOR COLLINGTON, M.R.C.S.  
 MR. COUNCILLOR A. FRISWELL.  
 MR. COUNCILLOR H. H. KENDRICK, M.R.C.S.  
 MR. COUNCILLOR S. G. POOLE.  
 MR. COUNCILLOR F. SNAPE.  
 MR. COUNCILLOR T. A. B. SODEN, M.R.C.S.  
 MR. COUNCILLOR J. THOMSON, M.R.C.V.S.

### MONDAY--FIXED MEETINGS.

4 Dec., 1911.	15 April, 1912.	15 July, 1912.
15 Jan., 1912.	6 May, „	9 Sept., „
12 Feb., „	10 June, „	14 Oct., „
11 Mar., „		

AT 10-30 O'CLOCK IN THE FORENOON.

### SANITARY STAFF.

Medical Officer of Health -	E. H. SNELL, M.D., D.P.H.
Assistant Medical Officer of Health - - -	J. H. CATES, M.D., D.P.H.
Public Analyst - - -	A. BOSTOCK HILL, M.D., D.P.H.
Veterinary Inspector -	WILLIAM DALE, M.R.C.V.S.
Inspector of Nuisances -	W. H. CLARKE.*
Assistants - - - -	{ J. H. DRURY.*    ¶ W. MARTIN.* J. BARNISH.* L. SKEELES.* †    F. W. MORTIMER.*
Sub-Assistant Inspector -	T. PREEDY.
Health Visitors - - -	{ Miss M. F. REID* † ‡ § ¶ Miss S. G. BARRATT* † ‡ §
Correspondence Clerk -	F. EVANS.
General Clerk - - -	W. STORER.
Junior Clerk - - -	R. HEGAN.
Disinfector - - -	C. J. EMERSON.
Assistant Disinfector and Driver - - -	F. MATON.

\* Inspector's Certificate of Royal Sanitary Institute.

† Health Visitor's Certificate of Royal Sanitary Institute.

‡ Inspector's Certificate of Sanitary Inspectors' Examination Board.

§ Certificate of Central Midwives Board.

|| Certificate of Royal Sanitary Institute for Inspecting Meat and other foods.

¶ Certificate of Royal Sanitary Institute for Hygiene in its bearing on School Life.

## CITY HOSPITAL SUB-COMMITTEE.

MR. ALDERMAN W. LEE, J.P., *Chairman.*

MR. ALDERMAN W. HEWITT, *Vice-Chairman.*

MR. COUNCILLOR COLLINGTON,	MR. COUNCILLOR H. H.
M.R.C.S.	KENDRICK, M.R.C.S.
„ COUNCILLOR FRISWELL.	„ „ T.A.B. SODEN.
	M.R.C.S.

*FIXED MEETINGS—EVERY FOURTH FRIDAY.*

Being in each case the Friday preceding a meeting of the Sanitary Committee.

AT 3 P.M., AT THE CITY HOSPITAL.

### CITY HOSPITAL OFFICERS.

Matron	-	-	-	-	Miss M. DAVIDSON.
Medical Superintendent	-	-	-	-	E. H. SNELL, M.D.

## EXECUTIVE SUB-COMMITTEE.

*(To deal with Diseases of Animal Acts, 1894 and 1896, and Orders of the Board of Agriculture thereunder; and also the Provision of a Public Abattoir, Municipal Common Lodging House, and Public Mortuary).*

MR. ALDERMAN W. LEE, J.P., *Chairman.*

MR. ALDERMAN W. HEWITT, *Vice-Chairman.*

MR. COUNCILLOR BAUSOR.	MR. COUNCILLOR SNAPE.
„ „ FRISWELL	„ „ SODEN, M.R.C.S.
„ „ POOLE.	„ „ THOMSON,
	M.R.C.V.S.

## HOUSING SUB-COMMITTEE.

*(For inspecting alleged unfit Houses).*

MR. ALDERMAN W. LEE, J.P., *Chairman.*

MR. ALDERMAN W. HEWITT, *Vice-Chairman.*

MR. COUNCILLOR FRISWELL.	MR. COUNCILLOR POOLE.
MR. COUNCILLOR SNAPE.	

## SANATORIUM SELECTION SUB-COMMITTEE.

MR. ALDERMAN W. LEE, J.P., *Chairman.*

MR. ALDERMAN W. HEWITT, *Vice-Chairman.*

MR. COUNCILLOR SODEN, M.R.C.S.



## EDUCATION COMMITTEE.

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MR. COUNCILLOR C. V. PUGH, J.P., *Chairman.*

MR. W. JONES, *Vice-Chairman.*

ALDERMAN LEE, J.P.	COUNCILLOR WHITE.
„ BIRD, J.P.	„ WYLES.
„ FOWLER, M.D., J.P.	MRS. S. CASH.
COUNCILLOR ALLCHURCH.	MISS M. SCAMPTON.
„ BETTMANN, J.P.	REV. CANON MASTERMAN, M.A.
„ HALLIWELL.	MR. J. I. BATES, B.Sc.
„ HALPIN.	„ J. BILL, J.P.
„ LEE.	„ T. BURBIDGE, J.P.
„ POOLE.	„ W. H. CLELAND.
„ SODEN, M.R.C.S.	„ S. GORTON, J.P.
„ THOMSON, M.R.C.V.S.	„ J. LUPTON, M.A.

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### FIXED MEETINGS.

ON WEDNESDAYS, AT 3 P.M., AT ST. MARY'S HALL.

Nov. 22, 1911.	March 20, 1912.	July 24, 1912.
Dec. 13, „	April 24, „	Sept. 18, „
Jan. 24, 1912.	May 15, „	Oct. 23, „
Feb. 21, „	June 19, „	

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### MEDICAL DEPARTMENT.

School Medical Officer	-	E. H. SNELL, M.D., D.P.H.
Assistant Medical Officer	-	J. H. CATES, M.D., D.P.H.
School Oculist	-	T. HARRISON BUTLER, M.A., M.D.
School Dentist	-	GRAHAM COTTERELL, L.D.S.
X-Ray Specialists	-	{ J. F. HALL-EDWARDS, L.R.C.P., F.R.S. (Edin.). F. EMRYS-JONES, B.A. (Camb.), L.M.S.S.A.
School Nurses	-	{ MISS R. ELMHIRST § † „ IDA M. RALPH § „ AMY M. MARKHAM.
Clerk	-	T. F. MARSDEN.
Junior Clerk	-	H. WATERS.


§ Certificate of Central Midwives Board, and is a Nurse.

† Health Visitor's Certificate of Royal Sanitary Institute.



PART I.

Vital Statistics, &c.



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# CITY OF COVENTRY.

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## Thirty-seventh Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.

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To the Right Worshipful the Mayor, Aldermen,  
and Councillors of the City of Coventry.

MR. MAYOR AND GENTLEMEN,

I have the honour of submitting to you the thirty-seventh Annual Report—the fifteenth that I have presented—concerning the vital statistics and general sanitary condition of your City.

It is pleasing to be able to report that the vital statistics for the last year compare favourably with those of previous years, and with those of the country generally.

Though the death rate, 13.3, does not touch the record rate of the previous year (11.4), it is well below the average for previous years. The exceptional spell of hot dry weather in the summer of 1911 was responsible for a rise in the infantile mortality, and this affected the general death rate.

The death rate from Phthisis in 1910 was lower than in any previous year; that for 1911 was still lower than that for 1910. Also the death rate from all forms of Tuberculosis was lower in 1911 than ever before. The epidemic of Scarlet Fever which began in 1909 has continued.

A scheme was adopted by your Council for the formation of a School Clinic, and was approved by the Board of Education.

The Ophthalmic and Dental Departments of this Clinic were started in November last.



## **Summary of Vital Statistics.**

The principal features of the vital statistics for the year 1911 have been as follows :—

Estimated population at the middle of the year, 107,287.

Birth Rate, 26.9. Average for previous 10 years, 28.3.

Marriage Rate, 17.4. Average for previous 10 years, 17.0.

Recorded Death Rate, 13.3. Average for previous 10 years, 14.2.

Infantile Death Rate, 109.8 per 1,000 births. Average for previous 10 years, 113.3.

Zymotic Death Rate, 2.08. Average for previous 10 years, 1.4.

Respiratory Death Rate (excluding Phthisis), 1.91.

Phthisis Death Rate, 0.80. Average for previous 10 years, 1.08.

Death Rate from other forms of Tuberculosis, 0.27.

## **Physical Features of the City and District.**

In a Memorandum as to Annual Reports of Medical Officers of Health, issued by the Local Government Board in 1910, one of the subjects suggested as deserving to be borne in mind in the preparation of these reports is that of the physical features and general character of the district, and it is pointed out that these reports are for the information of the Board as well as of the Council of the district, and that a statement of the local circumstances, and a history of local sanitary questions, which may seem superfluous for the latter, may often be needed for the former body.

The Annual Report for 1910, in an Appendix, contained a brief description of the physical features of the district, kindly supplied me by Mr. Alderman W. Andrews, F.G.S.

## **Population.**

The summary of the result of the census was available sufficiently early during the year for it to be used in correcting the estimate of the population for 1910, and the various vital statistics calculated on its basis that appeared in the Annual Report for that year. It had been for several years known that the estimate of the Registrar-General of the population of the City was consider-

ably below the actual population. The census showed the population to be on April 1st, 106,349; the Registrar-General's estimate had been 82,746, a difference of 23,603. No greater argument could be advanced in favour of a census every five years.

On the census figures the population at the middle of the year would be 107,287, and on this figure the various mortality and other figures in this Report are calculated.

### **What a Reduced Death Rate Means.**

To many people death rates convey little or no meaning. They are no more intricate than dividends, and are surely worth as much attention. In my last Annual Report I endeavoured to express the meaning of the diminished death rate in terms of pounds, shillings, and pence; a loss of a life is a loss of money-earning capacity; this earning capacity can be capitalized as any other going concern can be capitalized. On the low valuation based on the wages of an agricultural labourer—of £150 per life—the reduced death rate for 1910 meant that if the death rate of 1910 had been the same as it was ten years previously, there would have been a capital loss to the community, in the one year, of £93,330. No trading department of the Corporation can show such a profit. Using the term in its broadest sense the reduction in the death rate is wholly due to modern sanitation.

But let me put the meaning of the death rate in another and more personal way; it may be stated in regard to the death rate of 1911 that owing to the rate being so much lower than that of 1901, there are to-day alive in Coventry 409 people who would have died in 1911. Extending the calculation to the last ten years, on account of the diminution of the death rate since 1901 there are alive to-day in Coventry 2,986 people who would have died during those ten years had the death rate continued the same. Their lives have been saved by the various steps that have been taken in the way of improved sanitary conditions and environments. Personally I am proud to have been associated with this vast and unexampled improvement in the conditions of this ancient City. Preventive Medicine is more important than Curative Medicine; it has larger possibilities. When this fact is fully appreciated by the community, more efforts will be concentrated on new and approved methods of health administration, and less regard will be paid to first cost as the sole governing consideration.



## Vital Statistics of the Wards.

The following table shows the estimated populations of the several wards, and the particulars on which these estimates are based, viz., the newly-completed houses at the middle of the year, the houses demolished, and vacant houses; it also gives the birth and death rates for the several wards, based on these estimates, and also the infantile mortality rates, which being based on the comparison of the infantile deaths to the actual number of births which occurred, are not based on estimates.

WARDS.	Population according to census, 1911.	Estimated Population, middle of 1911.	Houses Completed June 30th, 1911.	Demolished in 1911.	Estimated Increased Population.	Deaths Registered.	Death Rate, 1911.	Average Death Rate (10 years).	Births Registered.	Birth Rate, 1911.	Deaths under 1 year.	Infantile Death Rate.
Radford ..	8231	8290	18	—	59	102	12.3		186	25.6	21	107.5
Foleshill ..	11093	11500	157	—	407	144	12.5		336	28.8	35	104.1
Harnall ..	8483	8483	18	—	—	104	12.1		201	23.5	24	119.4
Swanswell ..	10001	10031	58	—	30	125	12.4		288	29.3	37	128.4
Bablake ..	5629	5629	1	1	—	126	21.9		135	23.5	22	162.9
Cheylesmore ..	7430	7400	2	13	—	156	21.0		187	23.5	25	133.7
Hearsall ..	12365	12784	364	—	419	122	9.5		306	22.4	31	101.3
Grey Friars ..	6327	6327	3	2	—	100	15.5		180	28.0	18	100.0
Hill Fields ..	8757	8781	14	—	24	107	12.1		194	22.0	27	139.1
All Saints ..	6384	6384	—	4	—	89	14.4		184	29.9	19	103.2
St. Mary's ..	5944	5928	—	4	—	92	15.5		151	24.1	19	125.8
Stoke ..	15705	15750	407	—	45	164	10.4		539	35.7	39	72.3
	106349	107287	1042	24		1431	13.3	14.2	2887	26.9	317	109.8

Occupied Houses, census, 1911  
23,410

Vacant Houses, census, 1911,  
382.

Vacant Houses, middle of 1911, 95.



*The following Tables record the vital statistics and general growth of the City, as far as information can be acquired.*

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.

Rateable Value, 1911 £415,132 10s.

„ „ 1901 £272,596 os.

„ „ 1891 £151,646 os.

Density of Population, 1911 = 25·8 per acre.

„ „ 1910 = 24·6 „

„ „ 1901 = 16·9 „

Average number of persons to each occupied house, 1911 = 4·5

„ „ „ 1910 = 4·5

„ „ „ 1901 = 4·5

„ „ „ 1891 = 4·5

Year.	Houses Inhabited.	Vacant.	Popula- tion.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	.....	.....	7,000	.....	.....	.....	.....
1586	.....	.....	6,502	.....	.....	.....	.....
1643	.....	.....	9,500	.....	.....	.....	.....
1694	.....	.....	6,710	.. ..	.....	.....	.....
1723	1,934	.....	.....	.....	.....	.....	.....
1748	2,066	.....	12,817	32 ?	.....	.....	35 ?
1801	2,930	.....	16,034	.....	.....	.....	.. ..
1811	3,448	*60	17,923	.....	.....	.....	.....
1821	3,729	*114	21,448	.....	.....	.....	.....
1831	5,444	*421	27,298	.....	.....	.....	.....
1841	6,531	*590	31,032	.....	.....	.....	.....
Ten Years' Average.							
1851	7,783	*151	36,812	27	.....	.....	.. ..
1861	8 991	*1,026	40,936	25	.....	.....	.....
1871	8,535	*816	37,670	22	.....	.....	.....
1881	9,223	*643	42,111	20	3'3	150	35'4
1891	11,496	*284	52,724	18'5	1'7	142	32'0
1901	15,571	353	69,877	16'96	1'9	153'7	29'8
1911	19,500	218	87,188	13'7	1'4	109'3	28'0
1897	†12,440	73	61,234	16'8	1'8	157	31'3
1898	†12,939	75	61,555	17'3	2'9	200	31'1
†1899	†13,297	112	61,796	19'0	2'2	164	30'5
1900	15,461	292	70,075	17'5	2'4	131	32'3
1901	15,571	353	70,300	17'1	2'5	150	29'2
1902	16,240	239	73,000	13'7	1'1	107	27'7
1903	16,821	286	75,700	15'9	1'9	114	28'6
1904	17,202	547	77,500	14'8	1'5	137	29'9
1905	17,888	162	81,000	13'7	1'3	104	26'5
1906	18,726	87	83,900	14'8	2'5	144	28'8
1907	19,706	89	87,000	13'2	·83	102	29'5
1908	20,581	281	91,000	13'3	·94	93'1	28'9
1909	21,730	273	93,500	13'7	1'6	96'8	27'8
1910	22,592	129	102,000	11'4	·75	86'0	26'2
1911	23,515	95	107,287	13'3	2'08	109'8	26'9

\* This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

† This number omits all business offices, factories, etc.

‡ These figures omit the added area.

### Marriages.

The number of marriages has been 938. This gives a marriage rate of 17.4. The average for the previous ten years was 17.0. The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally :—

Year.	No. of Marriages.	Rate.	Rate for England.
1897	622	20.2	16.0
1898	634	20.2	16.3
1899	588	18.4	16.5
1900	642	17.5	16.0
1901	578	16.4	15.9
1902	634	17.3	15.8
1903	574	15.3	15.6
1904	580	15.0	15.2
1905	627	15.4	15.3
1906	802	19.1	15.6
1907	797	18.3	15.8
1908	778	17.0	14.9
1909	796	17.0	14.6
1910	886	17.4	14.8
1911	938	17.4	15.2

### Births.

There were 2,886 births registered as having taken place during the year within the City. The birth rate for the year has been 26.9. The average rate for the previous ten years was 28.3. There were 66 illegitimate births registered, or 2.2 per cent. of the total. In 1910 the percentage was 2.0, and in 1909 2.3.

The birth rate is compared with that for the whole of England and Wales in the following table :—

Year.	No. of Births.	Birth Rate.	Rate for England and Wales.
1895	1579	28.1	30.4
1896	1679	28.3	29.7
1897	1920	31.3	29.7
1898	1916	30.6	29.4
1899	1871	29.4	29.3
1900	2269	31.0	28.9
1901	2053	29.0	28.5
1902	2023	27.7	28.6
1903	2165	28.6	28.4
1904	2322	29.9	27.9
1905	2153	26.5	27.2
1906	2422	28.8	27.0
1907	2571	29.5	26.3
1908	2630	28.9	26.5
1909	2601	27.8	25.6
1910	2674	26.2	24.8
1911	2886	26.9	24.4



## Deaths.

There have been 1,419 deaths registered as having taken place during the year within your City; of these 18 were deaths of non-residents, which occurred in public institutions within the City; these have been referred to the districts in which they ordinarily resided; and there were 30 deaths of residents which occurred in public institutions outside the City; these have to be added to the above number. The actual number of deaths, therefore, which has to be regarded in estimating the death rate is 1,431. This gives a *recorded* death rate of 13.2 per thousand of the population. On page 18 is represented a table showing the weekly variations in the uncorrected death rates for the expired portions of each year for the past ten years.

The following table shows the mean age at death of the persons who died in the past seventeen years :—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1911	1431	50873	35.4
1910	1162	44595	38.3
1909	1285	46589	36.2
1908	1217	45744	37.5
1907	1152	42072	36.5
1906	1247	45236	36.2
1905	1114	41866	38.0
1904	1132	39623	35.0
1903	1188	43270	36.4
1902	1007	36743	36.4
1901	1203	39709	33.0
1900	1223	42687	34.5
1899	1182	40156	36.5
1898	1060	29858	28.1
1897	1037	35045	33.8
1896	965	33544	34.7
1895	953	33486	35.1

The death rate for England and Wales was	...	14.6
„ „ the 77 great towns was	...	15.5
„ „ the 136 smaller towns was	...	13.8
„ „ rural England and Wales was		13.9

For the purpose of comparison I am inserting the principal vital statistics for the 77 great towns which are now dealt with by the Registrar-General in his weekly returns. It will be noticed

that there is some discrepancy between the figures for Coventry in this table and those in this Report; this arises partly from the fact that the year dealt with in the table does not commence on January 1st and end on December 31st as in this Report, but accommodates itself to the beginning and ending of the nearest week; also in regard to transferable deaths there is more accurate local information than that possessed by the Registrar-General.

Town.	Estimated Population middle of 1911.	Annual Rate per 1000 living.		Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.		
77 Towns .. ..	16,157,797	25·6	15·5	140	0·8
76 Provincial Towns ..	11,635,169	25·8	15·6	145	1·0
London .. ..	4,522,628	24·8	15·0	128	0·1
Croydon .. ..	170,451	22·1	11·8	106	—
Willesden .. ..	155,253	25·0	11·8	128	0·2
Hornsey .. ..	84,916	17·2	9·5	80	—
Tottenham .. ..	138,326	27·4	13·1	125	0·1
West Ham .. ..	289,646	30·0	15·8	144	0·1
East Ham .. ..	134,441	25·7	12·1	121	0·1
Leyton .. ..	125,382	24·5	12·1	109	0·1
Walthamstow .. ..	125,334	24·8	11·6	110	0·1
Hastings .. ..	61,036	15·7	13·6	105	0·4
Brighton .. ..	131,444	19·7	13·8	98	—
Portsmouth .. ..	232,221	25·0	14·1	126	0·6
Bournemouth .. ..	79,150	15·2	11·4	102	0·3
Southampton .. ..	119,394	23·9	15·2	134	—
Reading .. ..	75,289	21·3	11·8	99	2·5
Northampton .. ..	90,152	21·4	13·2	128	0·8
Ipswich .. ..	74,122	23·9	12·5	101	—
Great Yarmouth .. ..	55,920	24·3	14·3	123	—
Norwich .. ..	121,682	22·4	14·1	135	0·3
Plymouth .. ..	112,152	23·3	17·2	145	—
Devonport .. ..	81,957	25·7	13·4	114	—
Bristol .. ..	357,509	21·8	15·1	141	0·1
Stoke-on-Trent .. ..	235,049	31·5	19·9	202	1·7
Burton-on-Trent .. ..	48,222	22·1	13·2	107	2·4
Wolverhampton .. ..	95,362	25·2	15·8	135	0·1
Walsall .. ..	92,273	28·8	16·2	160	0·3
Handsworth .. ..	69,010	20·9	10·3	101	1·1
West Bromwich .. ..	68,424	29·9	15·8	138	1·7
Birmingham .. ..	526,030	28·1	16·8	164	3·5
King's Norton .. ..	81,764	22·1	9·1	101	2·2
Smethwick .. ..	71,085	27·5	14·3	141	0·7
Aston Manor .. ..	74,985	27·1	15·5	167	0·3
Coventry .. ..	107,287	27·0	13·1	107	2·1
Leicester .. ..	227,634	22·7	13·3	132	0·9
Grimsby .. ..	74,951	28·7	14·4	154	1·6
Nottingham .. ..	260,447	24·5	16·1	162	0·4
Derby .. ..	123,648	23·9	14·3	123	—
Stockport .. ..	109,090	23·4	15·7	170	0·5
Birkenhead .. ..	131,330	28·6	15·6	134	0·7
Wallasey .. ..	79,137	22·0	12·3	108	0·4
Liverpool .. ..	747,627	30·2	20·0	154	2·1
Bootle .. ..	70,122	29·9	17·6	148	3·8
St. Helens .. ..	96,870	33·2	18·2	160	3·6
Wigan .. ..	89,340	27·3	17·9	193	0·1
Warrington .. ..	72,376	28·3	15·5	146	3·8
Bolton .. ..	181,202	22·8	15·9	163	0·5



Town.	Estimated Population middle of 1911.	Annual Rate per 1000 living		Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.		
Bury .. ..	58,665	20·6	15·9	164	2·2
Manchester .. ..	716,166	26·2	17·0	154	0·4
Salford .. ..	231,641	27·2	16·7	149	0·3
Oldham .. ..	147,751	23·7	17·6	160	0·2
Rochdale .. ..	91,645	20·7	15·1	139	2·4
Burnley .. ..	106,569	23·3	18·0	210	1·8
Blackburn .. ..	133,160	21·5	16·1	188	1·4
Preston .. ..	117,216	23·3	16·9	172	2·1
Barrow-in-Furness ..	63,930	26·6	12·5	111	3·8
Huddersfield .. ..	108,144	19·7	15·0	132	0·6
Halifax .. ..	101,471	18·5	15·2	123	0·6
Bradford .. ..	288,723	19·0	14·9	138	0·1
Leeds .. ..	445,983	23·8	16·4	158	0·1
Dewsbury .. ..	53,411	21·9	17·3	155	—
Sheffield .. ..	455,793	27·8	16·1	140	1·0
Rotherham .. ..	62,711	29·1	16·3	157	1·5
York .. ..	82,407	23·8	13·4	113	0·1
Hull .. ..	278,968	28·6	16·7	155	0·7
Middlesbrough .. ..	105,124	31·1	19·4	169	0·7
Stockton-on-Tees ..	52,175	29·6	16·5	133	0·7
West Hartlepool ..	63,965	29·0	15·6	129	0·7
Sunderland .. ..	151,289	29·9	17·9	151	2·0
South Shields .. ..	108,844	30·2	17·1	147	3·8
Gateshead .. ..	117,104	30·5	16·1	136	4·9
Newcastle-on-Tyne ..	267,162	26·6	16·1	136	0·3
Tynemouth .. ..	59,008	28·4	15·4	122	1·8
Newport (Mon.) .. ..	84,111	27·6	13·4	121	0·4
Cardiff .. ..	182,729	26·0	14·0	135	0·0
Rhondda .. ..	153,775	35·6	15·0	164	0·5
Merthyr Tydfil .. ..	81,293	31·1	15·5	152	0·4
Swansea .. ..	115,176	29·1	16·2	136	0·8

**DEATH RATE.**

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week.	Date.	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	Av'rage for past 10 years
	Jan.											
1	" 7	10'2	14'0	13'0	24'3	12'9	13'4	11'0	16'0	9'3	13'1	13'7
2	" 14	12'2	14'0	13'1	22'2	16'0	13'2	13'5	12'1	10'0	14'0	14'0
3	" 21	12'7	14'4	14'3	21'9	14'3	13'9	12'9	12'2	10'7	15'0	14'2
4	" 28	12'8	14'4	13'6	21'5	14'0	14'7	13'6	13'4	12'3	16'4	14'6
	Feb.											
5	" 4	13'7	17'0	14'0	20'1	13'1	13'9	13'4	12'9	13'2	15'7	14'7
6	" 11	12'8	17'0	14'1	19'6	14'1	14'5	14'0	13'2	13'1	16'2	15'4
7	" 18	13'8	15'9	14'9	18'0	14'5	14'8	13'2	13'4	13'1	16'1	14'7
8	" 25	15'2	15'9	14'8	17'1	14'3	14'9	13'5	13'9	12'9	15'7	14'8
	Mar.											
9	" 4	15'5	17'0	15'5	16'5	14'2	14'5	13'5	14'0	13'0	15'4	14'9
10	" 11	15'6	17'0	15'9	16'5	14'3	14'2	13'9	14'6	13'3	15'1	15'0
11	" 18	15'3	16'9	16'0	16'2	14'5	14'3	14'3	15'0	13'2	15'5	15'1
12	" 25	15'3	16'8	16'0	16'1	14'8	14'1	14'3	14'7	13'1	15'6	15'0
	April											
13	" 1	15'4	16'4	16'0	16'6	14'7	14'0	14'1	15'1	12'7	15'9	15'0
14	" 8	15'4	16'4	16'2	16'5	14'8	14'0	14'0	15'1	12'7	15'8	15'0
15	" 15	15'4	15'9	16'4	16'2	14'7	14'2	14'1	15'3	12'6	15'6	15'0
16	" 22	15'5	15'9	16'7	16'0	15'2	13'9	14'4	15'0	12'7	15'2	15'0
17	" 29	15'5	16'4	16'7	16'2	15'8	13'6	14'4	15'1	12'8	14'7	15'1
	May											
18	" 6	15'5	16'4	16'6	16'0	15'2	13'7	13'8	15'0	12'6	14'7	14'9
19	" 13	15'5	16'8	16'6	16'7	15'0	14'0	14'3	15'3	12'6	14'6	15'1
20	" 20	15'4	16'7	16'5	16'7	14'7	13'9	14'3	15'5	12'5	14'2	15'0
21	" 27	15'5	16'8	16'4	16'6	14'5	13'9	14'1	15'6	12'4	14'2	15'0
	June											
22	" 3	15'5	16'9	16'0	16'5	14'6	13'9	14'0	15'4	12'4	14'0	14'9
23	" 10	15'8	17'0	15'9	16'4	14'4	14'1	13'8	15'5	12'2	13'8	14'8
24	" 17	15'1	17'0	15'3	16'4	14'3	13'8	13'7	15'5	12'2	13'8	14'7
25	" 24	14'8	17'7	15'4	16'3	14'3	13'8	13'6	15'2	12'1	13'8	14'7
	July											
26	" 1	14'7	17'6	15'3	16'1	14'3	13'3	13'5	15'3	11'9	13'7	14'5
27	" 8	14'7	17'6	15'0	15'9	14'0	13'6	13'4	15'2	11'8	13'7	14'4
28	" 15	14'7	17'6	14'7	15'8	13'8	13'4	13'3	14'4	11'7	13'5	14'2
29	" 22	14'5	17'5	14'5	15'8	13'6	13'5	13'2	15'0	11'7	13'4	14'2
30	" 29	15'0	17'5	14'6	15'5	13'4	13'4	13'3	14'9	11'7	13'3	14'2
	Aug.											
31	" 5	14'7	17'4	14'0	15'4	13'6	13'6	13'4	14'8	11'0	13'3	14'1
32	" 12	14'6	17'0	14'0	15'3	13'5	13'3	13'4	14'6	10'9	13'2	13'9
33	" 19	14'7	16'7	14'2	15'3	13'7	13'0	13'3	14'4	10'8	13'3	13'9
34	" 26	14'6	16'7	14'2	15'3	14'2	12'9	13'4	14'3	10'9	13'6	14'0
	Sept.											
35	" 2	14'6	16'7	14'2	15'2	14'2	12'9	13'4	14'2	10'8	13'6	13'9
36	" 9	14'5	16'7	14'3	15'5	14'7	12'8	13'4	14'2	10'7	13'7	14'0
37	" 16	14'5	16'5	14'6	15'3	14'9	12'8	13'4	14'7	10'7	13'8	14'1
38	" 23	14'4	16'5	14'5	15'3	15'1	12'6	13'3	13'8	10'7	13'8	14'0
39	" 30	14'5	16'5	14'6	15'1	14'9	12'5	13'2	13'8	10'8	13'7	13'9
	Oct.											
40	" 7	14'3	16'4	14'7	14'9	15'0	12'6	13'2	13'8	10'8	13'6	13'9
41	" 14	14'3	16'3	14'7	14'8	15'0	12'6	13'1	13'7	10'9	13'6	13'9
42	" 21	14'4	16'3	14'4	14'7	14'8	12'6	13'1	13'6	10'9	13'5	13'8
43	" 28	14'3	16'2	14'5	14'7	14'8	12'7	13'0	13'5	10'9	13'4	13'8
	Nov.											
44	" 4	14'1	16'2	14'5	14'7	14'8	12'8	13'2	13'4	10'9	13'3	13'7
45	" 11	14'1	16'2	14'5	14'7	15'0	12'9	13'2	13'4	10'7	13'3	13'8
46	" 18	14'2	16'1	14'5	14'6	14'8	13'0	13'2	13'4	10'8	13'2	13'7
47	" 25	14'0	16'2	14'5	14'6	14'8	13'1	13'2	13'4	10'8	13'1	13'7
	Dec.											
48	" 2	14'9	16'3	14'7	14'5	14'7	13'1	13'0	13'5	10'9	13'1	13'8
49	" 9	14'1	16'2	14'8	14'4	14'6	13'2	13'1	13'7	10'9	13'0	13'8
50	" 16	13'9	16'2	14'9	14'4	14'8	13'1	13'1	13'7	10'9	13'0	13'8
51	" 23	13'9	16'2	14'8	14'4	14'8	13'2	13'2	13'7	10'9	13'0	13'8
52	" 30	13'9	16'3	15'0	14'5	14'8	13'2	13'1	13'7	11'3	13'0	13'8

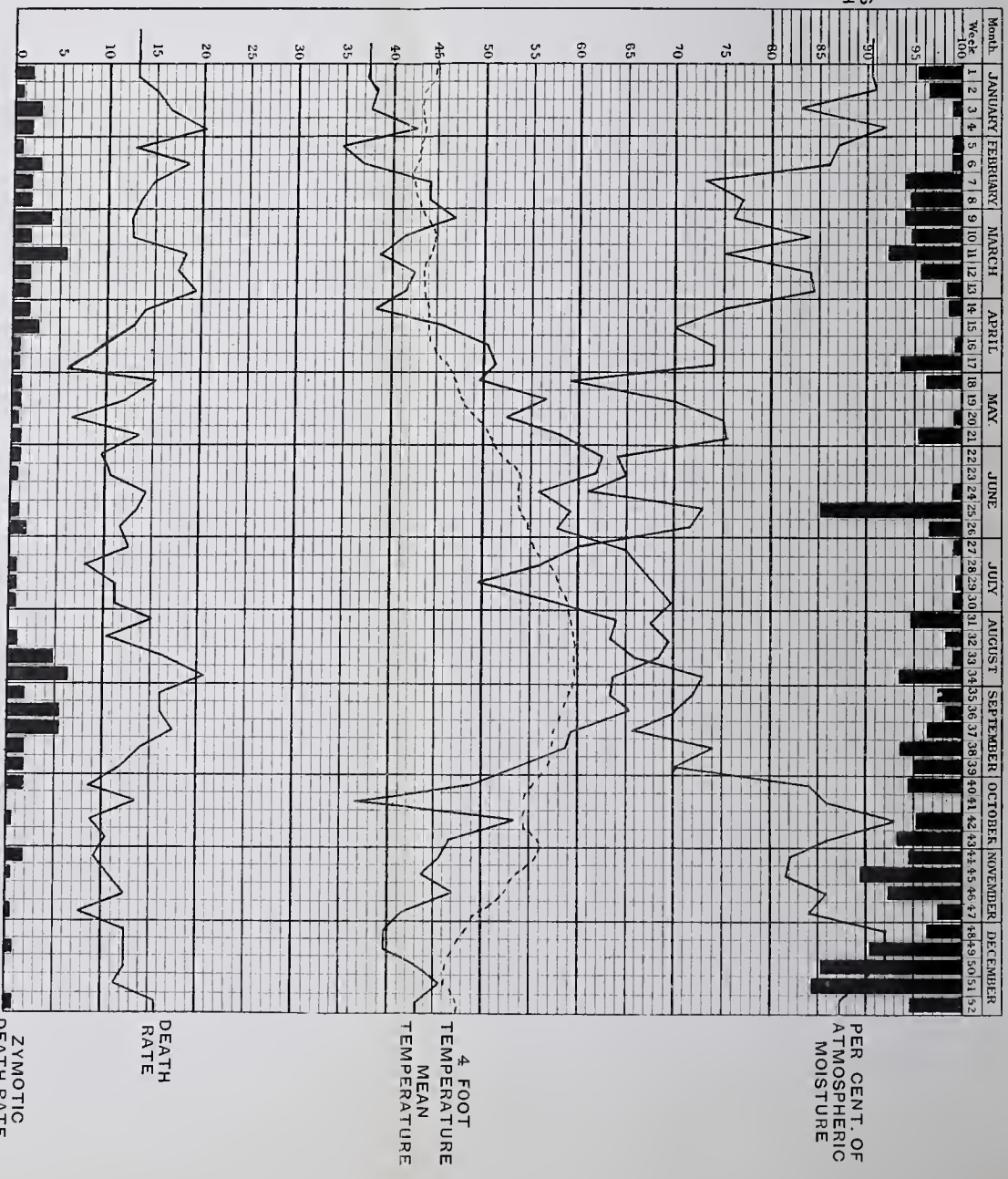




# CITY OF COVENTRY, 1911.

## CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES AND PRINCIPAL METEOROLOGICAL CONDITIONS.

RAINFALL  
IN TENTHS  
OF AN INCH





## Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall. Monthly records of them are forwarded to the Meteorological Office, and published by the Registrar-General in his Quarterly Returns of Vital Statistics, together with the records of 55 other recognised meteorological stations. These records are summarised by the Meteorological Office.

The relationship existing between the death rate and the temperature, and the humidity of the atmosphere, is graphically represented in the curves on the plate on opposite page.

The summary of the meteorological observations taken during the year is given on page 24.

The highest temperature recorded in the shade was on August 9th, when 94° F. was reached. Freezing point or below was recorded in the screen on 30 days during the year; these days were distributed throughout the months as follows:—

January	8	July	
February	6	August	
March	3	September	
April	5	October	2
May		November	4
June		December	2

The highest temperature recorded four feet below the surface of the ground was 60° F. on August 20th, 21st, 22nd, 23rd, and 25th, and that one foot below the surface was 68.1° F. on July 30th.

Rain fell on 161 days. The total rainfall at the City Hospital amounted to 21.37 inches, or 8.20 inches less than in 1910.

The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on October 24th, when the amount collected was .74 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station; its funnel is situated 4 feet 11 inches above the ground; this collected 17.45 inches of rain.

The daily records of rainfall for the year are given on the next page.

## RAINFALL, 1911.

Date.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
1	..	..	'02	..	..	..	..	'02	..	..	'02	'02
2	'02	..	..	'01	'15	..	'04	'31	..	'33	'05	.07
3	..	'01	..	..	'19	..	..	'10	'04	'02	'01	'03
4	'02	..	.10	'03	..	..	..	'01	'15	'19	'16	'23
5	'06	..	'01	'02	..	..	..	'07	..	'02	'05	..
6	'39	..	'04	'07	..	..	..	..	..	..	'09	'50
7	..	..	..	..	..	..	..	..	..	..	'16	'07
8	'14	..	'14	..	..	..	..	..	..	..	'17	'13
9	'04	..	..	..	..	..	..	..	..	..	'19	'02
10	'03	'09	'37	..	..	..	..	'17	..	..	..	'37
11	'16	..	..	..	..	..	..	..	..	..	'42	..
12	'01	..	'48	..	..	..	..	..	'20	..	'27	..
13	..	..	'15	..	..	..	..	..	'16	..	'01	'43
14	..	'13	'02	..	..	..	..	..	..	..	..	'51
15	..	'05	'13	..	..	..	..	..	..	'01	'14	'03
16	..	'01	..	..	..	'07	..	..	..	..	'19	'12
17	..	..	..	..	..	'02	..	..	..	..	'09	'25
18	..	.41	..	'01	..	'33	..	..	..	..	'03	'29
19	..	'01	..	..	'01	'36	'02	'01	'12	'26	'28	'03
20	'01	'08	'01	'01	..	'01	..	'14	'16	..	..	'38
21	..	'17	'03	..	..	..	..	'36	'02	'21	..	'07
22	..	..	'08	..	..	'01	..	..	..	'21	..	'37
23	..	'13	.26	..	..	'27	..	..	'33	'02	..	'16
24	..	'08	'02	..	..	'43	..	'09	'01	'74	..	'15
25	..	'04	'01	'04	'47	'05	..	..	..	..	..	'05
26	..	'10	..	'24	..	'02	..	'06	..	'30	'17	'19
27	..	'18	'13	'15	..	..	..	'26	'26	..	'03	'07
28	..	'20	..	'19	..	'01	..	..	..	..	'09	'04
29	..	..	..	'03	..	'15	'09	..	'23	'20	'01	'01
30	..	..	..	'04	..	'11	..	'02	..	'07	..	..
31	..	..	'01	..	..	..	..	..	..	'03	..	'01
Totals	.88	1.69	2.01	.84	.82	1.84	.15	1.62	1.68	2.61	2.63	4.60
No. of Rain Days.	10	15	18	12	4	13	3	13	11	14	21	27

Total Rainfall for Year 21.37 inches: No. of Rain Days 161.

## RAINFALL AT DIFFERENT LOCAL STATIONS.

1911.

			City Hospital.	Davenport Road.	Spencer Road.	St. Paul's Road.	Pumping Station, Whitley.
January	..	..	·88	·98	·86	·88	·80
February	..	..	1·69	1·51	1·38	1·56	1·22
March	..	..	2·01	2·39	1·92	1·82	2·28
April..	..	..	·84	·91	·83	·93	·89
May ..	..	..	·82	·92	·84	·94	·90
June ..	..	..	1·84	1·98	2 01	1·87	1·31
July ..	..	..	·15	·35	·19	·20	·30
August	..	..	1·62	1·83	1·48	1·54	1·57
September	..	..	1·68	1·74	1·63	1·68	1·41
October	..	..	2·61	2·63	3·28	2·41	2·22
November	..	..	2·63	2·73	2·47	2·40	2·55
December	..	..	4·60	4·75	4·69	4·53	4·25
Total	..	..	21·37	22·72	21·58	20·76	19·70

For the records of rainfall at Davenport Road, Spencer Road, St. Paul's Road, and Whitley, I am indebted to the courtesy of Mr. Alderman Andrews, J.P., Major R. B. Caldicott, J.P., Mr. J. B. Morris, and the City Engineer respectively.



The monthly amounts of rain registered at the City Hospital are given below, together with the corresponding tables for the previous nineteen years.

	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911
January ..	1.26	.67	1.57	3.82	1.27	1.98	.79	3.45	3.44	.98	1.04	2.17	2.66	.72	3.53	.925	.685	1.27	2.38	.88
February	.87	3.07	2.21	.16	.50	3.06	1.03	2.60	3.82	1.64	1.51	1.05	3.13	.80	2.405	1.070	.905	.75	2.49	1.69
March ..	.80	.38	1.01	1.94	2.38	2.78	.84	1.21	.62	1.78	1.68	4.03	1.41	3.02	1.24	1.055	2.635	3.05	.80	2.01
April ..	.80	.355	1.63	1.92	1.07	2.23	1.98	1.87	1.27	1.92	2.19	1.555	.90	1.475	.46	1.810	3.655	1.43	1.87	.84
May ..	1.51	1.98	2.39	.575	.36	1.95	2.55	2.35	1.66	.88	2.24	3.21	1.55	.265	2.23	3.685	2.235	1.55	2.30	.82
June ..	3.90	.99	1.71	.94	3.52	2.68	.72	1.61	3.15	2.64	2.47	2.65	.33	2.95	3.375	2.520	1.490	3.05	1.25	1.84
July ..	2.67	1.845	2.58	2.80	2.345	.36	1.045	1.11	1.62	2.46	1.48	2.69	2.56	.865	.955	2.775	2.435	3.49	2.81	.15
August ..	2.58	1.76	2.32	2.225	2.12	3.78	3.54	1.285	3.00	1.725	3.47	3.97	1.73	4.625	1.005	2.890	3.155	1.91	4.04	1.62
September	2.35	1.17	2.26	.79	4.46	2.25	.63	1.73	.45	1.21	1.09	2.13	1.92	2.005	1.015	.780	1.450	2.36	.77	1.68
October ..	2.62	3.085	2.99	2.99	2.51	1.74	2.58	2.16	2.77	1.30	2.29	6.38	.595	1.035	5.175	4.640	1.230	3.75	2.24	2.61
November	2.17	1.42	2.55	3.81	1.31	1.40	1.90	1.53	1.99	.69	1.595	1.57	1.31	2.74	2.925	2.065	1.185	.61	4.49	2.63
December	1.41	2.165	2.43	2.02	3.36	2.58	2.26	1.80	5.09	4.19	1.48	1.34	1.88	.815	2.095	3.355	2.040	3.43	4.13	4.60
Totals ..	22.94	19.89	25.66	23.99	25.205	26.79	19.865	25.705	28.88	21.415	22.535	32.745	19.975	21.315	26.41	27.57	23.100	26.65	29.57	21.37

The average yearly rainfall at this station for the preceding nineteen years, 1892 to 1910, was 24.74 inches. The rainfall for 1911 was therefore 3.37 inches below the average for these years.

The average rainfall for the Midland Counties, as recorded by the Meteorological Office, was 22.0 in 1911.

Below is given the total amounts of bright sunshine recorded during each of the past seven years by the two sunshine recorders in use; the Campbell-Stokes instrument is the only one recognised by the Meteorological Office.

Year.	Campbell-Stokes' Sunshine Recorder.	Jordan's Sunshine Recorder.
	Hours.	Hours.
1905	1343	1053
1906	1536	1338
1907	1354	1197
1908	1406	1220
1909	1478	1249
1910	1312	1104
1911	1555	1446

A Meteorological Station has now existed at the City Hospital for twenty years. The records give data for calculating the "mean" monthly temperatures over this period of time. These are as follows :—

January	... 38.0°	July	... 61.7°
February	... 38.9°	August	... 60.6°
March	... 42.0°	September	... 56.2°
April	... 46.9°	October	... 49.1°
May	... 52.4°	November	... 43.1°
June	... 58.3°	December	... 39.7°



# Meteorological Observations made at the City Hospital, Coventry, 1911.

Lat. 52° 24' 34" Long. 1° 30' 20" Height of rim of rain gauge above mean Sea Level 271ft.  
The cistern of the barometer is situated 309 feet above sea level.

1911	Baro- meter.	Air Temperature.						Hygrometer.				Earth Tempera- ture.		Bright Sunshine.		Cloud.  Mean of Observations at 9 a.m. (Scale 0-10).	Rain and other Forms of Precipitation.						Weather, No. of Days of							Wind Force (0-12.)		Wind Direction. No of observations reduced to totals of 90 for each month.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		Mean of			Absolute Minimum and Maximum.			Mean of Observa- tions at 9 a.m.				At 1 foot depth.		Total Possible.			Total Observed.  hrs.	Difference from Average.	Minimum	Day of Month.	Maximum	Day of Month.	Dry Bulb.	Depression of Wet Bulb.	Vapour Pressure.	Humidity.	Snow.	Hail.	Thunderstorm.	Clear Sky.	Fog.	Ground Frost.	Gale.	Number of Observations of Moderate and Strong Winds.	Calm.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		Max'm.	A	Min'm.	B	Mean of A and B.	Difference from Average.	Day of Month.	Day of Month.	Day of Month.	Day of Month.	Day of Month.	ins.	ins.	ins.																													ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.	ins.



TABLE I.—Vital Statistics of Whole District during 1911 and previous Years.

YEAR.	Population estimated to middle of each year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.†		NETT DEATHS BELONGING TO THE DISTRICT			
		Un-corrected Number.	Nett.		Number.*	Rate.	of Non-residents registered in the District.†	of Residents not registered in the District.†	Under 1 Year of Age.		At all Ages.	
			Number.†	Rate.					Number.*	Rate per 1,000 Nett Births	Number.*	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906	83,900		2422	28·8	1242	14·8	17	22	338	144	1247	14·8
1907	87,009		2571	29·5	1153	13·2	14	13	264	102	1152	13·2
1908	91,000		2630	28·9	1209	13·2	12	20	245	93·1	1217	13·3
1909	93,500		2601	27·8	1282	13·7	19	22	252	96·8	1285	13·7
1910	102,000		2674	27·2	1153	11·3	16	25	230	86·0	1162	11·4
1911	107,287	2886	2887	26·9	1419	13·2	18	30	317	109·8	1431	13·3

Area of District in acres (exclusive of area covered by water) 4,147 acres.

Total population at all ages, 106,349

Number of inhabited houses, 23,410

Average number of persons per house, 4·5

At Census of 1911.

## NOTES TO TABLE I.

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NOTES.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. The rates are calculated per 1000 of the estimated gross population. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

\* In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡ “Transferable Deaths” are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, are not to be included in Columns 8 or 9, except in certain instances under 3 (*b*) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of “non-residents” which are deducted, and will state in Column 9 the number of deaths of “residents” registered outside the district which are added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (*a*) to the district of residence, under the general rule; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.



Cases of Infectious Disease notified during the Year 1911.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED							TOTAL CASES NOTIFIED IN EACH LOCALITY. (e.g. Parish or Ward) of the District.												Total Cases removed to Hospital.		
	At all Ages.	At Ages—Years.						Radford Ward. 1	Foleshill Ward. 2	Harnall Ward. 3 (H)	Swanswell Ward. 4	Bablake Ward. 5	Chylesmore Ward. 6 (W)	Hearsall Ward. 7	Grey Friars' Ward. 8	Hill Fields Ward. 9	All Saints' Ward. 10	St. Mary's Ward. 11	Stoke Ward. 12		Whole City.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.															65 & upwards.
Small-pox ..	..	..	..	..	..	..	..	19	20	18	14	6	7	22	9	13	16	3	14	161	..	
Cholera ..	..	..	..	..	..	..	..	5	7	8	9	2	1	9	9	8	3	3	6	70	..	
Diphtheria (including Membranous Croup) ..	161	3	42	91	11	13	1	1342	8	99	112	83	81	190	91	112	97	81	205	1342	971	
Erysipelas ..	70	1	1	4	7	26	25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Scarlet fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Typhus fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Enteric fever ..	27	..	4	6	7	9	1	..	..	2	11	..	1	..	..	..	2	3	8	27	21	
Relapsing fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Continued fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal fever ..	6	..	..	..	5	1	..	..	1	2	..	..	..	1	..	..	..	..	2	6	..	
Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Under Tuberculosis Regulations, 1908 Phthisis { Under Tuberculosis Regulations, 1911 Others ..	15	..	1	..	6	6	2	..	3	..	3	..	1	..	..	2	1	3	2	15	..	
	77	..	..	3	21	44	9	..	6	10	5	6	8	10	4	4	3	1	11	77	..	
	49	..	2	2	8	29	7	1	9	4	2	4	6	8	3	3	4	1	3	49	..	
Totals ..	1747	12	380	930	169	203	46	7	131	141	143	156	101	105	240	116	142	126	95	251	1747	992

Mark (H) indicates the locality in which the City Hospital is situated. (Built for 62 beds.)  
Mark (W) indicates the locality in which the Workhouse is situated.  
The Pinley (Small Pox) Hospital is situated outside the boundary in St. Michael's Without.



TABLE III.  
**Causes of, and Ages at Death during  
Year 1911.**

CAUSES OF DEATH.  1	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District (a).									Total Deaths whether of "Residents" or "Non-Resi- dents" in Institutions in the District (b). 11
	All ages. 2	Under 1 year. 3	1 and under 2 4	2 and under 5. 5	5 and under 15. 6	15 and under 25. 7	25 and under 45. 8	45 and under 65. 9	65 and upwards. 10	
All causes { Certified (c) Uncertified	1403 28	307 10	97 1	86 1	76 2	64 ..	172 2	268 4	333 8	262 1
Enteric Fever .. ..	1	..	..	..	..	1	..	..	..	1
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	66	5	34	22	4	..	1	..	..	6
Scarlet Fever .. ..	30	..	3	11	13	3	..	..	..	13
Whooping-cough ..	30	14	7	6	3	..	..	..	..	6
Diphtheria and Croup. (See note (d)) .. ..	17	..	2	10	5	..	..	..	..	2
Erysipelas .. ..	2	1	..	..	..	..	..	..	1	..
Cerebro-Spinal Fever ..	1	..	..	..	..	..	1	..	..	..
Phthisis (Pulmonary Tuberculosis) .. ..	87	1	..	1	2	14	42	26	1	11
Tuberculous, Meningitis (See note (e)) .. ..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases .. ..	30	3	5	3	9	5	3	2	..	9
Rheumatic Fever .. ..	..	..	..	..	..	..	..	..	..	..
Cancer, malignant dis- ease. (See note (f)) ..	68	..	..	..	..	..	6	34	28	14
Bronchitis .. ..	85	22	3	3	..	..	6	16	35	7
Broncho-Pneumonia ..	46	16	10	5	4	..	1	5	5	1
Pneumonia (all other forms) .. ..	59	12	8	3	4	4	8	8	12	9
Other Diseases of Res- piratory organs .. ..	11	..	..	..	..	1	3	3	4	6
Diarrhoea and Enteritis. (See note (g)) .. ..	82	65	11	3	..	1	1	..	1	4
Appendicitis and Typh- litis .. ..	11	..	..	..	2	4	3	2	..	11
Alcoholism. (See note (h))	2	..	..	..	..	..	2	..	..	1
Cirrhosis of Liver .. ..	23	..	..	..	..	..	5	10	8	6
Nephritis and Bright's Disease .. ..	23	1	1	..	2	..	4	10	5	2
Puerperal Fever. (See note (i)) .. ..	1	..	..	..	..	..	1	..	..	1
Other accidents and dis- eases of Pregnancy and Parturition .. ..	3	..	..	..	..	..	3	..	..	2
Congenital Debility and Malformation, includ- ing Premature Birth. (See note (j)) .. ..	118	115	1	1	1	..	..	..	..	8
Violent Deaths, exclud- ing Suicide .. ..	49	17	3	8	4	2	9	3	3	27
Suicides .. ..	9	1	..	..	..	2	3	3	..	1
Other Defined Diseases	549	34	9	10	23	27	70	146	230	114
Diseases ill-defined or unknown .. ..	..	..	..	..	..	..	..	..	..	..
	1431	317	98	87	78	64	174	272	341	263

## NOTES TO TABLE III.

- (a) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column 2 of Table III. should equal the figures for the year in column 12 of Table I.

- (b) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are entered in the last column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."
- (d) This heading includes all deaths from croup except those certified as due to "spasmodic," "stridulous," "catarrhal," or "false" croup.
- (e) Under "Tuberculous Meningitis" are included deaths from Acute Hydrocephalus.
- (f) Under "Cancer" are included deaths under such headings as Carcinoma, Scirrhus, Epithelioma, Rodent ulcer, Sarcoma, Cancer, and Malignant Disease.
- (g) Under this heading are included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Choleraic diarrhœa, Cholera (other than Asiatic), Gastro-Enteritis, Gastro-Intestinal Catarrh, Muco-Enteritis, Colitis, &c. Deaths from Diarrhœa secondary to some other well-defined disease are included under the latter.

For "Dysentery" *see* note at foot of Table III.

- (h) Under this heading are included deaths from Delirium Tremens, acute and chronic alcoholism, &c., but *not* those certified as due to organic disease attributed to alcoholism. The number of the latter may with advantage be stated separately, though this statement cannot be included in Table III.
- (i) Under "Puerperal Fever" are included deaths under such headings as Pyæmia, Septicæmia, Sapræmia, Pelvic Peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (j) Under this heading are included also deaths from Atrophy and Marasmus of Infants, and want of Breast-Milk, but not from Atelectasis.



TABLE IV.—**Infant Mortality during the year 1911.**

Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.						Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
All Causes.	Certified	...	...	...	...	66	22	17	11	116	53	52	42	44	307
	Uncertified	...	...	...	...	4	...	1	...	5	1	...	1	3	10
{	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Measles	...	...	...	...	...	...	...	...	...	...	...	4	1	5
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	...	...	...	...	6	4	4	4	14
{	Diarrhoea	...	...	...	...	...	1	...	2	3	10	13	8	8	42
	Enteritis	...	...	...	...	...	...	2	...	2	8	5	5	3	23
{	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal Tuberculosis (b)	...	...	...	...	...	...	...	...	...	1	...	...	...	1
{	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	1	1
	Congenital Malformations (c)	...	...	...	...	5	...	3	...	8	3	2	1	...	14
{	Premature Birth	...	...	...	...	47	13	5	2	67	6	...	...	...	73
	Atrophy, Debility and Marasmus	...	...	...	...	8	4	3	2	17	5	3	...	3	28
{	Atelectasis	...	...	...	...	1	...	...	...	1	...	...	...	...	1
	Injury at Birth	...	...	...	...	1	...	...	...	1	...	...	...	...	1
{	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	1	2	1	...	4
{	Rickets	...	...	...	...	...	...	...	...	...	...	...	1	...	1
	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	1	1	...	2
{	Convulsions	...	...	...	...	1	1	1	...	3	2	4	3	2	14
	Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Bronchitis	...	...	...	...	...	2	...	4	6	7	3	2	4	22
{	Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	4	8	5	11	28
	Suffocation, overlying	...	...	...	...	1	1	...	1	3	4	...	1	1	9
{	Other Causes	...	...	...	...	2	...	3	...	5	2	5	6	6	24
						70	22	18	11	121	54	52	43	47	317

Births in the year :—Legitimate, 2,820 ; Illegitimate, 66.

Deaths in the year of { Legitimate Infants, 290.  
 { Illegitimate Infants, 27.

#### NOTES TO TABLE IV.

(a) The total in the last column of Table IV. equals the total in column 10 of Table I, and in column 3 of Table III.

(b) Under Abdominal Tuberculosis are included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.

(c) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, equals the total in Table III. under the heading Congenital Debility and Malformation including Premature Birth.

Want of Breast Milk is included under Atrophy and Debility.

(d) For references to the meaning of any other headings, see notes attached to Table III

In recording the facts under the various headings of Tables I., II., III., and IV., attention has been given to the notes on the Tables.



### Infantile Mortality.

There were 317 deaths of infants below one year of age; this gives a mortality per thousand births of 109. The average mortality for the previous ten years was 113.3.

The following table shows, for the past nineteen years, the number of deaths of children under one year of age per 1,000 births in Coventry compared with England and Wales generally :—

Year.	England and Wales.		Coventry.
1893	...	159	160
1894	...	137	157
1895	...	161	152
1896	...	148	149
1897	...	156	157
1898	...	161	200
1899	...	163	164
1900	...	154	131
1901	...	151	150
1902	...	133	107
1903	...	132	114
1904	...	146	137
1905	...	128	104
1906	...	133	144
1907	...	118	102
1908	...	121	93
1909	...	109	96
1910	...	106	86
1911	...	128	109

The Infantile mortality of the 77 great towns was 140; that of the 136 smaller towns 133; and that in England and Wales, less the 213 towns, 118.

The comparison of this figure with that of the others of the 77 largest towns is given in the tables on pages 16 and 17.

The figure given here for Coventry differs slightly from that of the Registrar-General, for the reason that his calculations relate to the nearest number of complete weeks in the year, while this report deals only with the calendar year.

Comparison of Table IV. with the corresponding Table (Table V.) for 1910 shows that the increase in the number of infantile deaths was brought about mainly by an increase in the diarrhoeal causes; and also an increase occurred in the deaths from Bronchitis, Pneumonia, and Whooping Cough.

It will be seen from the figures given in the Table that the

death rate among illegitimate children is very much higher than among legitimate children; among the latter only 102 out of every thousand died, while the former died at the rate of 409 per thousand.

The primary reason for appointing Health Visitors is in order that such steps may be taken, as can be taken, to instruct mothers of young children in matters of feeding, etc.; the beneficial effects of such personal work among the poorer classes are now widely appreciated; and in 1908 the London County Council obtained a clause in their General Powers Act of that year which enabled local authorities in London to appoint Health Visitors, and also enabled the Local Government Board to make regulations prescribing the qualifications for such appointments; in 1909 that Board issued an order prescribing those qualifications; this order does not apply to the Provinces, but it affords a clear indication of the views of the Board as to the importance of these appointments, and to the necessity of insisting on an appropriate training having been obtained by all who seek such posts.

The two Health Visitors, Miss Reid and Miss Barratt, report concerning their work in this connection as follows :—

“ Out of the 2,886 births registered in the City in 1911, 1,704 have been visited by us. Most of these have been Midwives' cases. In 1910 the Sanitary Committee requested Midwives to notify to the Medical Officer of Health, within 36 hours, the births they attended, and provided them with stamped addressed post-cards for this purpose. Now that the Midwives notify the births we are able to visit the mother and baby soon after the Midwife has ceased attending. This has great advantages; we generally visit ten days after birth, and we are able to prevent wrong methods of feeding being adopted. Repeatedly we have found the mother waiting for our visit in order to know what to do, avoiding the advice of neighbours.

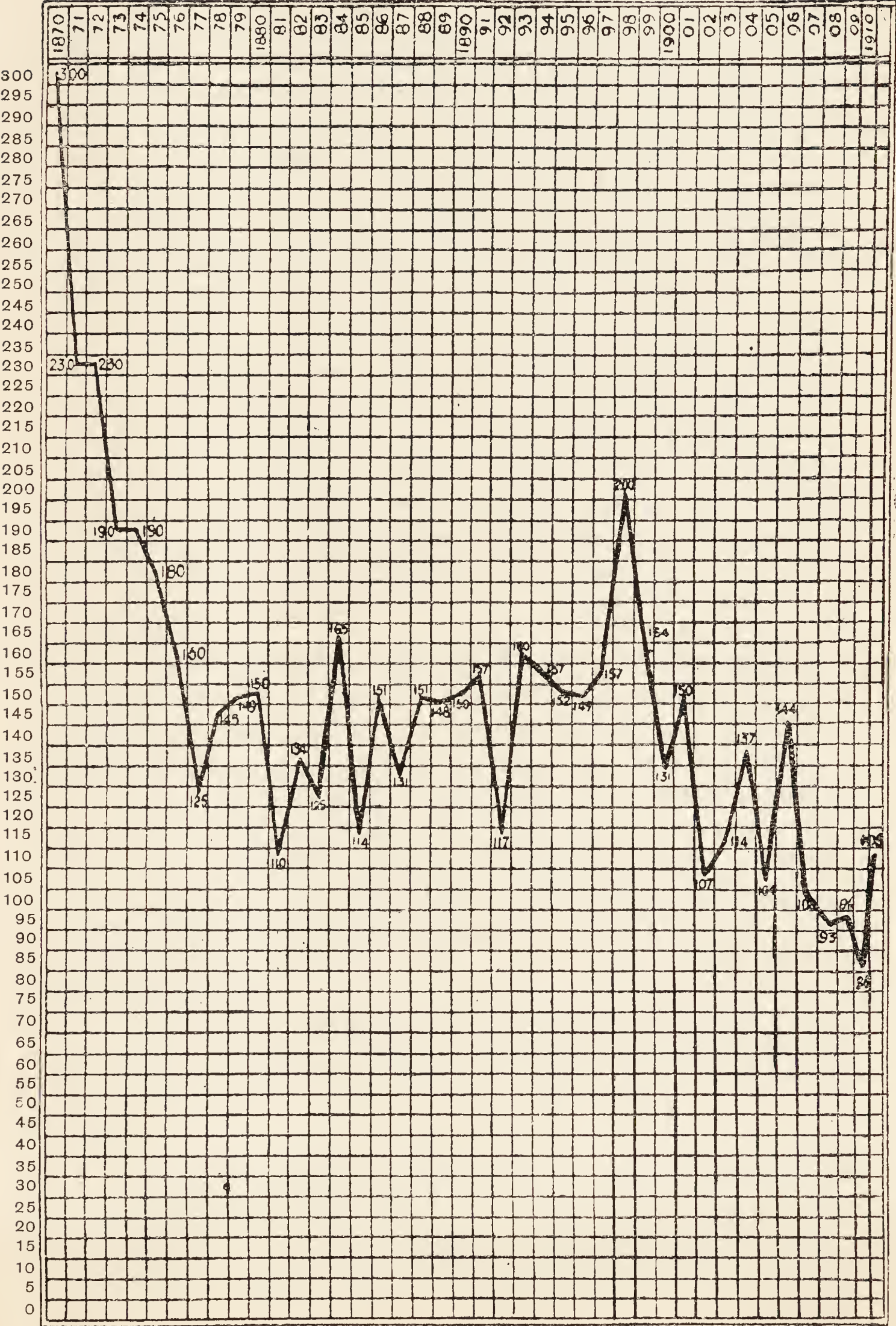
Sometimes we are more than glad that we have made an early visit. One mother said, ‘ I started giving the baby bread-sop to-day, but if you think it best not to do so, I will stop.’

Another instance shows the same beneficial effect of our early visits. When asked what the baby was having (in a Court in Well Street), the mother replied, ‘ I have started giving him ‘ Pat-a-Cake ’ biscuits; they are the very best; they cost 8d. a pound.’ (This infant was only 14 days old).



COVENTRY INFANTILE MORTALITY

CHART SINCE 1870







One case may be noted as typical of many that we came across. A visit was paid to a six weeks' old baby, whose birth had not been notified. It was found that the baby was being breast-fed, and was also having bread-sop soaked in water twice daily. When questioned as to the reason why bread and water were given, the mother stated that she did not think breast milk and cow's milk would agree. With a little patience and tact, a mother can be persuaded to give up her own ideas.

Another instance, where the appalling ignorance of a mother might have led to very grave results, was where an infant was found to be having brandy and water for flatulence, and it was sucking a 'dummy teat' dipped in brandy and sugar.

Re-visits, to the number of 1,295, have been made to babies that had previously been visited, whom we either found ailing or being artificially fed. In other cases it was found that the mother had given up nursing her baby, and was glad of any advice we could give. During the summer a great many of the babies suffering from diarrhoea and sickness were visited. Where medical aid had not been obtained, the calling in of a doctor was advised. The danger of delay was also pointed out.

#### FEEDING.

The accompanying table shows some of the particulars obtained upon our first visits. The proportion of entirely breast-fed babies is large, but we know that if particulars were obtained of babies three months later, this figure would be much lower.

The boat-shaped bottle is advised, but we not infrequently find that the long-tube one has been purchased before our visit. The mothers are beginning to see the advantages of the former over the latter, but the main excuse is that the baby has to be held when the boat-shape bottle is used.

#### COMFORTERS.

Not so much headway has been made with the mothers over these most objectionable things. More than 50 per cent. of the babies have one.

#### COTS.

In 1910 we divided the babies that are really sleeping in a cot or basket from those who are 'going to be put into one.' In a great many cases the mother is intending to get it ready directly she is strong enough. We feel assured that the instances

of over-laying that have occurred have been of some warning to other mothers.

## DEATHS.

One hundred and thirteen visits have been made with regard to the deaths of infants whom we had previously visited. In nearly every case medical help had been obtained with the exception of those who had been over-lain."

## BIRTHS VISITED DURING THE YEAR 1911.

Total number, 1,704.

	Totals.	Percentage.
Kind of feeding—		
(1) Entirely breast fed. ... ..	1460	85.6
(2) Hand and breast fed. .. ..	60	4.1
(3) Entirely hand fed. ... ..	145	9.9
(4) Unclassified. ... ..	39	2.0
Kind of food—(when hand-fed)—		
(1) Fresh cow's milk and water. ..	130	63.4
(2) „ „ and barley water. ..	24	11.7
(3) „ „ with Patent Foods. ..	14	6.8
(4) Condensed Milk. ... ..	20	9.7
(5) Biscuits, bread-sop, etc. ...	17	8.3
Mode of feeding—		
(1) Boat shape. ... ..	135	65.8
(2) Long Tube. ... ..	41	20.0
(3) Both. ... ..	8	3.9
(4) Spoon. ... ..	21	10.2
Class of house : rent—		
(1) Up to 5/- ... ..	788	47.1
(2) Above 5/- up to 8/- ... ..	839	50.3
(3) Above 8/- ... ..	38	2.2
Overcrowded Houses— More than two persons } No. of houses per bedroom.	953	57.2
Not classified— Wrong address given, or removed, or death of baby before visit. ...	39	2.0
Infants put to sleep at nights in a cot.	1040	61.0
Promises to get cot ... ..	434	25.4
Comforters used ... ..	960	56.3
Mothers who went to work prior to birth of child ... ..	44	2.5



### Zymotic Disease.

By the Zymotic Death Rate we understand the number of deaths per thousand of the population which are due to the seven common epidemic diseases. The numbers of these are as follows :—

		Notified.		Died.	Case Fatality per cent.
Small Pox	...	—	...	—	—
Scarlet Fever	...	1342	...	30	2·2
Diphtheria	...	161	...	17	10·5
Typhoid Fever	...	27	...	1	3·7
Measles	...	—	...	66	—
Whooping Cough	...	—	...	30	—
Diarrhœa	...	—	...	82	—
				226	

This corresponds to a Zymotic death rate of 2·08. The average for the previous ten years has been 1·4. The proportion of this rate attributable to each of these seven diseases is shown below, together with a comparative statement of the similar figures for the rest of the country.

	Coventry	England and Wales.	77 Great Towns.	136 smaller Towns.	England and Wales less the 213 Towns.
Small Pox .. ..	0·00	0·00	0·00	0·00	0·00
Scarlet Fever .. ..	0·28	0·05	0·06	0·06	0·04
Diphtheria .. ..	0·15	0·13	0·15	0·12	0·11
Typhoid Fever .. ..	0·009	0·07	0·06	0·07	0·07
Measles .. ..	0·61	0·36	0·47	0·41	0·22
Whooping Cough .. ..	0·28	0·21	0·24	0·18	0·19
Diarrhœa .. ..	0·76	1·06	1·31	1·14	0·77
	2·089	1·88	2·29	1·98	1·40

These figures show that in regard to Scarlet Fever, Measles, and Whooping Cough, Coventry suffered more than the rest of the country during the year; but as regards Diarrhœa and Typhoid Fever, the incidence of deaths was less.

Deaths from the seven principal Zymotic diseases which have occurred in Coventry during the past 42 years :—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diarrhoea.
1870	..	..	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	..	..	9	15	18	28	45
1874	..	..	11	149	5	7	45
1875	..	4	7	16	..	16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
1906	..	4	12*	5	1	38	138
1907	..	1	10*	4	20	4	34
1908	..	1	8*	7	3	20	47
1909	..	4	11*	24	67	29	18
1910	..	5	15*	25	6	10	16
1911	..	1	17*	30	66	30	51
	229	214	314	383	786	669	2035

\* The Deaths from Membranous Croup are here included.

### Epidemic Diarrhoea.

Thirty-three deaths were attributable to epidemic enteritis, and eighteen to diarrhoea, making a total of fifty-one. The comparison of this figure with those of previous years is given; it will be seen that it is higher than in the last few years; that has been the experience all over the country. The reason for this is

to be found in the extraordinary spell of hot, dry weather that was met with in the summer of 1911. It will be remembered that for the previous three or four years there was almost no real summer weather at all; that fact was greatly in favour of a low death rate from this disease. In 1906 a somewhat similar spell of hot, dry weather was met with; in that year the infantile mortality from epidemic diarrhoea was very excessive, so much so that in the third quarter of the year this City had the unenviable position of having the highest infantile mortality of all the large towns. A special report on the matter was called for by the Local Government Board; that report showed that the excessive incidence of this illness lay in the North-East quarter of the City, and that it was undoubtedly due to the immediate proximity of the refuse tip. Fortunately for this City the use of that refuse tip was discontinued in 1910, and during 1911 the refuse of the City was taken to the new refuse destructor; had this not been the case it is morally certain that a somewhat similar experience would have been met with in 1911 as was met with in 1906. The extended schedule of causes of death on pages 164-167 shows how this disease is particularly dangerous among infants; in fact, of the 51 deaths recorded, 42 occurred among children under one year of age, and 9 between 1 and 5 years of age.

Also the steps taken by your Sanitary Committee in regard to the instruction of mothers in the proper feeding of infants, through the agency of the Health Visitors, are certainly helping to reduce this cause of death among infants.

### **Measles.**

There were sixty-six deaths registered as due to this disease; this number is excessive. There was a considerable prevalence of this illness at the early part of the year. The cases of alleged measles notified from the different schools are given in the table on page 110. Of the 66 deaths, 61 occurred among children under 5 years of age, *i.e.*, under school age, and only three among those at school age. The old belief that children must sooner or later have measles is certainly still prevalent among many mothers; on this account it frequently happens that fewer precautions are taken in regard to isolating the cases of this illness from other children than should be taken, the notion being that the sooner all the children have had it the better; the reverse is the case; the later



in life the attack of measles can be postponed the less the liability to attack and the less fatal the illness.

### **Scarlet Fever.**

No less than 1,342 cases of Scarlet Fever were notified during the year, with 30 deaths, giving a fatality of 2.2 per cent. Reference to the table on page 39, shows that since the notification of infectious diseases came into force in 1890, this is by far the largest number of cases yet recorded; also this large number is not accounted for by the mere increase in the population, the attack rate per thousand being as high as 12.5, a figure not previously reached, *i.e.*, since 1890. For the past three years the disease has existed in this City in epidemic proportions; the City Hospital has been inadequate in size to deal with all the cases that require admission, and overflow cases have had to be sent, by arrangement, to the Exhall Hospital; but even with this assistance a number of other cases have been left at home that would, under ordinary circumstances, have been urged to go into Hospital. From 1905 to 1908 over 90 per cent. of the cases notified had always been admitted; since that date the proportion admitted has fallen off, and last year reached 72 per cent.

Table 2 on page 27 shows that the ages of the children affected are mostly between the ages of 1 to 15; very young infants are not particularly liable to take the illness, and it will be noticed that a considerable number of adults were affected. The cases were distributed throughout all the twelve Wards—the highest numbers coming from Stoke Ward and Hearsall Ward. It will be seen from the table that hospital accommodation was found for a larger number of patients than in any previous year—no less than 971 being accommodated either at the City Hospital or at the Exhall Hospital when the City Hospital was full.

Sanction was received from the Local Government Board for a loan for extensions to the City Hospital; these extensions are for four Wards in one two-storied pavilion, giving accommodation for 40 beds for patients, and including also the necessary extension of the administrative block for the Staff, and other necessary additions.







*Court 2, White Friars' Lane: Closed in 1911. Demolition Orders made in 1912.*



**Comparison of Scarlet Fever Cases, Removals to Isolation Hospital  
and Deaths from Scarlet Fever.**

Year.	Estimated Population	Total No. of cases notified.	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000pop.	Per- centage removed to Hospital	Mort'lity per 1000 popula- tion.	Average Mort'lity per 10,000.
1870	37,300		18					·48	} 7·29
1871	37,670		5					·13	
1872	38,100		8					·20	
1873	38,450		15					·39	
1874	38,950		149					3·82	
1875	39,446		16		12			·40	
1876	39,890		30		22			·75	
1877	40,344		19		36			·47	
1878	40,778		20		34			·49	
1879	41,222		7		46			·16	
1880	41,666		36		90			·86	} 4·03
1881	42,111		58		156			1·37	
1882	42,750		17		47			·39	
1883	44,000		2		26			·04	
1884	44,500		3		30			·06	
1885	45,000		10		97			·22	
1886	45,500		18		84			·39	
1887	46,500		14		142			·32	
1888	47,500		6		162			·12	
1889	48,500		13		176			·26	
1890	49,500	67	2	3·0	58	1·35	86·5	·04	} 1·04
1891	52,724	42	0	·0	37	·79	88·0	·0	
1892	54,000	38	0	·0	27	·70	71·0	·0	
1893	54,700	33	0	·0	25	·60	75·7	·0	
1894	55,300	385	13	3·3	319	6·96	82·8	·23	
1895	56,000	439	19	4·3	408	7·66	92·9	·33	
1896	59,151	313	9	2·9	288	5·29	94·2	·15	
1897	61,234	221	6	2·7	216	3·60	97·7	·09	
1898	61,555	278	10	3·6	266	4·5	95·3	·16	
1899	61,796	188	3	1·6	183	3·0	97·3	·04	
1900	70,075	637	17	2·5	609	9·09	95·6	·24	} 1·24
1901	70,300	781	18	2·3	384	11·1	49·1	·25	
1902	73,000	245	10	4·0	211	3·3	86·1	·13	
1903	75,700	121	5	4·1	110	1·6	90·9	·06	
1904	77,500	222	10	4·5	197	3·0	88·7	·13	
1905	81,000	249	1	·4	225	3·0	90·3	·01	
1906	83,900	312	5	1·6	286	3·7	91·6	·06	
1907	87,000	247	4	1·6	229	2·8	92·5	·04	
1908	91,000	238	7	2·9	225	2·6	94·5	·07	
1909	93,500	704	24	3·4	566	7·5	80·3	·25	
1910	102,000	1201	25	2·0	877	12·2	73·0	·24	} 2·8
1911	107,287	1342	30	2·2	971	12·5	72·3	·28	

**Small Pox.**

No cases of Small-Pox were notified during the year.

### Vaccination.

The following are the returns of the Vaccination Officer for the twenty-three years that have elapsed since the commencement of the anti-vaccination movement in Coventry :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1889	1512	187	1273	0	84.1
1890	1544	182	1221	111	79.0
1891	1727	228	587	888	34.0
1892	1718	174	118	1400	6.8
1893	1630	193	105	1304	6.4
1894	1590	170	103	1317	6.4
1895	1629	186	65	1378	3.9
1896	1679	251	594	834	35.3
1897	1928	220	151	1606	7.8
1898	1925	274	105	1545	5.4
1899	1888	203	1125	560	59.5
1900	2207	211	946	1050	42.8
1901	2112	247	1298	567	61.4
1902	2046	180	2076	666	101.4
1903	2169	167	2525	525	116.4 *
1904	2306	242	1901	532	82.4
1905	2152	181	1818	643	84.4
1906	2422	240	1748	1031	76.3
1907	2579	210	1880	1070	72.1
1908	2596	192	1524	1346	58.7
1909	2601	203	1385	1495	53.2
1910	2674	161	1124	1407	41.7
1911	2886	227	888	1781	30.7

\* Small Pox prevalent in 1903.

#### Declarations made of Conscientious Objections.

1908	...	964
1909	...	1065
1910	...	1304
1911	...	1493

### Typhoid Fever.

There were 27 notified cases of Typhoid Fever; of these one proved fatal. Twenty of the cases were treated in the City Hospital, and of these one died; three were treated in the Coventry and Warwickshire Hospital, while four remained at home.

As to the causation of these various attacks it seemed probable that the consumption of mussels was responsible for thirteen primary cases and for seven secondary cases infected



from the first ones. One illness was apparently due to the eating of oysters. Two of these infected were Nurses—one in the Coventry and Warwickshire Hospital and one in the City Hospital—who contracted infection unfortunately through nursing Typhoid Fever patients. In two cases no source of infection could be found, while the remaining two were found, on further observation, not to be Typhoid Fever at all.

Reference to the table on page 36 will show that the mortality from Typhoid Fever has been tending to diminish for many years past. There is a direct relationship between the efficiency of the sanitary accommodation of a town and its mortality from Typhoid Fever. Towns with a considerable number of privy middens or other unsatisfactory arrangements have been shown to suffer regularly much more from Typhoid Fever than water-closet towns, and as this City is now almost universally a water-closet town the advantage of a low mortality is to be expected. Many other sanitary influences, such as a pure water supply etc., of course have a bearing on this matter. At the present time much evidence has been accumulating to show that a large number of scattered cases of this illness that arise are caused by shell fish, especially mussels, and until far more stringent restrictions are insisted on in regard to the layings of these shell fish being removed from the neighbourhood of sewage polluted estuaries, these cases may be expected. A reference to the causes suspected in last year's cases, given above, will show that except for this cause there would have been almost no cases of Typhoid Fever in this City.

The other allied dirt disease, Typhus Fever, has now almost disappeared from this country; its disappearance has been produced entirely by improved sanitary conditions. For many years past Typhoid Fever has been diminishing, and it looks as though, with further efforts at improvement rightly directed, this also may be caused to disappear. During the past ten years the annual death rate from Typhoid Fever has diminished by 70 per cent. The importance of abolishing such a disease from the list of causes of death from a mere monetary point of view is well brought out in the Annual Report of the Medical Officer of the Local Government Board for 1910-1911 in the following paragraph:—

“ In the year 1910 Enteric Fever was the registered cause of 1,848 deaths in England and Wales. Had the death rate been



the same as in the period 1871-80, the number of deaths from this cause in 1910 would have been about 11,800. The saving of nearly 10,000 lives in a single year implies about 70,000 fewer cases of a protracted and disabling illness, and means a corresponding diminution in loss of national efficiency. As about 70 per cent. of the total cases of enteric fever occur at ages 15-55, diminution of this disease has added materially to the earning power of the community. If each man at these ages be assumed to earn £1 a week, and each woman's work to be equal to a weekly sum of 10s., and if the period of disablement be assumed to be 12 weeks, 49,000 fewer cases, at ages 15-55, mean an annual saving in regard to loss of wages alone of over £400,000. This allows nothing for cost of nursing and medical attendance, which cannot be reckoned at less than 30s. a week for 12 weeks for each of the 70,000 cases of disease. This represents an annual saving of £1,260,000. Nor does this cover the entire ground. The lives lost, on an average, had each a definite financial value. In 1876 Dr. Farr arrived at the conclusion that the mean net value of each male member of the population was £150, estimated by the standard of the agricultural labourer. This meant the average excess of capital value over cost of subsistence of child and man. It is reasonable at the present time to assume that each male and female has an average financial value equal to that of the average male of 1876. On this basis the 9,952 lives saved in 1910 imply a financial saving of £1,492,800. The total saving in one year cannot well be less than three millions sterling, a substantial sum, in respect of one disease only, to be set against the sum of about 60 millions sterling now expended in England and Wales out of all local rates, including poor rates, in a single year."

### **Diphtheria.**

During the year 161 cases of Diphtheria were notified, and 17 deaths were registered as due to it.

The table on next page shows how these figures compare with those of previous years.

One hundred and thirty-six applications were received for serum, showing that serum is now used in the large majority of cases.

From the reports received from the medical men the following particulars are collated :—

The dose used has varied—in 16 cases 2,000 units were used; in 114 cases 4,000 units were used; in 5 cases 8,000 units, and in one case 12,000 units.

### Comparison of the Fatality, Incidence, and Mortality of Diphtheria in different years.

Year.	Estimated Population	Total No. of Cases Notified.	No. of Deaths Regist'd.	Fatality per cent.	No. of Cases Treated in Hospital	Attack Rate per 1000 Population.	Per-centage removed to Hospital	Mort'lity per 1000 Population.
1890	49,500	15	6	40·0	..	0·30	..	0·120
1891	52,724	14	4	28·5	..	0·26	..	0·075
1892	54,000	19	2	10·5	..	0·35	..	0·037
1893	54,700	10	2	20·0	..	0·18	..	0·036
1894	55,300	21	5	23·8	..	0·38	..	0·090
1895	56,000	12	6	50·0	..	0·21	..	0·100
1896	59,151	17	6	35·3	..	0·28	..	0·100
1897	61,234	25	10	40·0	..	0·40	..	0·160
1898	61,555	33	15	45·4	..	0·53	..	0·240
1899	61,796	53	16	30·2	..	0·85	..	0·250
1900	70,075	66	22	33·3	..	0·94	..	0·310
1901	70,300	139	31	22·1	4	1·97	2·8	0·440
1902	73,000	136	31	22·8	3	1·86	2·2	0·420
1903	75,700	127	34	26·7	1	1·67	0·7	0·450
1904	77,500	78	11	14·1	4	1·00	5·1	0·140
1905	81,000	67	13	19·4	3	0·82	4·4	0·160
1906	83,900	59	12	20·3	7	0·70	11·8	0·140
1907	87,000	43	10	23·2	1	0·49	2·3	0·110
1908	91,000	108	8	7·4	9	1·18	8·3	0·087
1909	93,500	121	11	9·0	8	1·20	6·6	0·110
1910	102,000	104	15	14·4	2	1·02	1·9	0·147
1911	107,287	161	17	10·5	13	1·50	8·0	0·158

The summary of the results is given below :—

Days of illness before use of Serum.	Cases.	Deaths.	Percentage of deaths.
One	52	1	1·9
Two	33	4	12·1
Three	17	2	11·7
Four	1	—	—
Five	3	—	—
Six	—	—	—
Seven	2	1	50·0
Eight	1	—	—
Ten	1	—	—
Not stated	26	2	7·7
	136	10	7·3

It will be noted that the fatality per cent. of all the 136 cases was 7.3; the remainder of the notified cases amounted to 25; of these we know nothing as to whether serum was used or not, but I think it may be safely concluded that in the majority it was not used; of these 7 died, or there was a fatality of 28 per cent.

The type of Diphtheria that is at present met with in this City is not of a very infectious character; this is shown by the following figures:—Of the 161 cases of Diphtheria notified during the year no less than 137 occurred in houses without any further extension of the disease occurring to any other member of the household; in 12 cases only did a second case occur; in 2 of those 12 cases the date of onset of the illness practically corresponded in the dual cases, suggesting that they owed their origin to a common cause; and in one other more than 9 months interval occurred between the first and the second illness; the second illness, therefore, was not necessarily a sequel to the first.

#### BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

Increasing advantage is being taken of the facilities afforded by your Council to medical men to obtain bacteriological assistance in the diagnosis of infectious disease. The total number of specimens examined during the year is given below. In addition, for the Education Committee, 19 samples of hair from school children were examined with suspicion of Ringworm existing. Of these 16 gave positive, and 3 negative results.

			Samples sent.	Result positive.	Result negative.
Typhoid Fever	...	...	43	23	20
Diphtheria	...	...	157	54	103
Phthisis	...	...	175	69	106
			<hr/> 375 <hr/>		

Of the above specimens 52 were sent from the City Hospital, and 30 from the Coventry and Warwickshire Hospital.

#### **Whooping Cough.**

There were registered 30 deaths due to this disease; 27 of these were in children below 5 years of age, and 14 in infants under one year. A comparison of this number with the mortality in previous years is given in the table on page 36.



### **Erysipelas.**

Seventy cases of Erysipelas were notified during the year, and of these, two proved fatal.

### **Puerperal Fever.**

Six cases of Puerperal Fever were notified, and only one death was registered as due to it. A comparison of these figures with those of previous years is given on page 71.

There is no doubt that the Midwives Act of 1902, and the carrying out of its provisions by each Supervising Authority, must exert considerable influence tending towards the improvement of the work of midwives, and the diminution of Puerperal Fever as a cause of death. Gradually the old *bona-fide* midwives, that is, midwives who had been in practice prior to the Act, but had generally had no proper training, are dying off, and being replaced by midwives who have received that amount of training specified by the Central Midwives Board. It may also be incidentally remarked that the profession of midwifery is protected by the State to an extent probably not accorded to any other profession, not even the legal profession, for since 1910 no woman not on the Roll of Midwives can now practise midwifery for gain without rendering herself liable to prosecution.

As about four-fifths of all births occurring in this City are attended by midwives, it is seen how important it is that they should have received some appropriate training.

The Midwives Act of 1902 came into force in 1903, on April 1st.

The number of fatal cases of Puerperal Fever occurring in Coventry during the past nine years has been 19, whereas in the nine years prior to that Act there were 47 fatal cases, with a very much smaller population.

### **Midwives Act, 1902.**

Thirty-eight midwives notified their intention to practise in this City during 1911. The following are their names, addresses, and qualifications for admission to the Roll of Midwives :—

Name.	Address.	Qualification.
Mrs. M. M. Archer ..	5, Mickleton Road, Earlsdon	C. M. B. Examination
Miss L. Coltman ..	26, Bedford Street .. ..	" " "
Mrs. N. Cooke.. ..	32, Stoney Stanton Road ..	" " "
„ E. E. W. Cooper	“Ardenside,” 41, Coundon Road .. ..	" " "
Miss S. E. Dowell ..	20, King Edward Road ..	" " "
„ W. J. Edwards ..	37, Newcombe Road ..	" " "
Mrs. E. F. Gabriel ..	128, Harnall Lane East ..	" " "
Miss A. Hancox ..	Railway Cottages, Radford Road .. ..	" " "
Mrs. H. L. Ives ..	67, Butts .. ..	" " "
„ E. A. Pitt ..	103, Walsgrave Road ..	" " "
„ A. Rayner ..	11, George Street .. ..	" " "
Miss A. L. Redgrave ..	Swift Corner Cottage, Whit- ley, near Coventry ..	" " "
Mrs. M. Settle ..	21, Hill Street .. ..	" " "
„ J. Ball .. ..	17, Barras Lane .. ..	City of London Lying-in Hospital
„ A. E. Charlton*	4, Union Street .. ..	" " "
„ L. E. Hellier ..	13, Norfolk Street .. ..	" " "
„ S. Dowell ..	20, King Edward Road ..	License of Obstetrical Society
„ E. A. Heatley ..	27, Station Street East ..	" " "
„ M. J. Inkpen ..	“Lindon House, Maternity Home,” Foleshill Road..	" " "
„ A. E. Musson ..	91, King Edward Road ..	" " "
„ J. R. Swift ..	92, Foleshill Road .. ..	" " "
„ A. M. Weston ..	261, Stoney Stanton Road..	" " "
„ M. A. Bonsor ..	Bell Green, near Coventry..	Bonâ-fide
„ A. Cadman ..	Hall Green, Foleshill ..	" "
„ S. Cramp ..	238, Lockhurst Lane ..	" "
„ E. Clarke ..	137, Station Street East ..	" "
„ A. M. Clarke ..	“Fox House,” Cook Street	" "
„ E. Evetts ..	41, White Friars' Street ..	" "
„ A. Foster* ..	34, Princess Street .. ..	" "
„ R. Green ..	24, King William Street ..	" "
„ A. P. Haughton	78, Smith Street .. ..	" "
„ A. M. Newbold..	Leicester Road, Longford..	" "
„ A. Sephton ..	55, Eden Street .. ..	" "
„ J. Settle .. ..	88, Queen Victoria Road ..	" "
„ R. Timms ..	50, Castle Street .. ..	" "
„ E. Warner ..	77, Raglan Street .. ..	" "
„ M. J. Winstone..	27, Princess Street .. ..	" "
„ E. White ..	19, S. Peter's Street ..	" "

\* since deceased.

To these midwives 130 visits have been paid throughout the year by the Health Visitors. These visits are mainly to inspect the midwives' bags, instruments, registers, and clothing, also to inquire into any case of infectious illness which may occur in connection with a midwife's practice, and to see that Rule E. 5 is strictly adhered to, with regard to the disinfecting of herself, her clothing, and of all her appliances before attending another midwifery case.

Concerning these visits, Miss Reid and Miss Barratt report as follows :—

“ It is gratifying to find that almost every midwife has her register up-to-date, tidy, and legibly written. In only one or two instances have there been omissions with regard to entering in the register the fact that medical help has been sent for (although the duplicate form of sending for medical help had been duly received by the Medical Officer of Health).

It is pleasing to observe that the midwives are paying much more attention to the cleanliness of their bags and appliances than formerly. Without exception the bags are equipped according to Rule E. 2 of the Central Midwives Board; all contain washable linings, and are kept clean and tidy.”

New rules were issued by the Central Midwives Board during 1911, an important one being Rule E. 13, which states that “ the midwife shall take and record the pulse and temperature of the patient at each visit.”

Letters, with copies of the new rules, were sent to each of the midwives drawing attention to the important alterations; and, later on, each midwife was visited, and the new rules explained to them. Note books, in which to record the temperature and pulse of each patient, were also supplied by the Sanitary Committee to each of the midwives practising in the City. One or two of the elderly untrained midwives find rather a difficulty in taking a temperature and pulse. They are, however, very anxious to learn how it is done, and endeavours have been made to teach them; it is hoped that with a little practice they will soon get over their difficulty.

Out of the total number of births (2,886) which occurred in Coventry during 1911, 2,309 were attended by midwives; out of this number 123 were doctors' cases, at which midwives had also been engaged to attend; 301 records of sending for medical



help were received. (The adjoining table gives an account of the causes for which medical aid was summoned); and 63 cases of still birth were notified by midwives.

Fifteen letters were sent by the Medical Officer to midwives with regard to incorrect addresses having been given on notification of birth cards, and 5 for failing to notify births which had occurred.

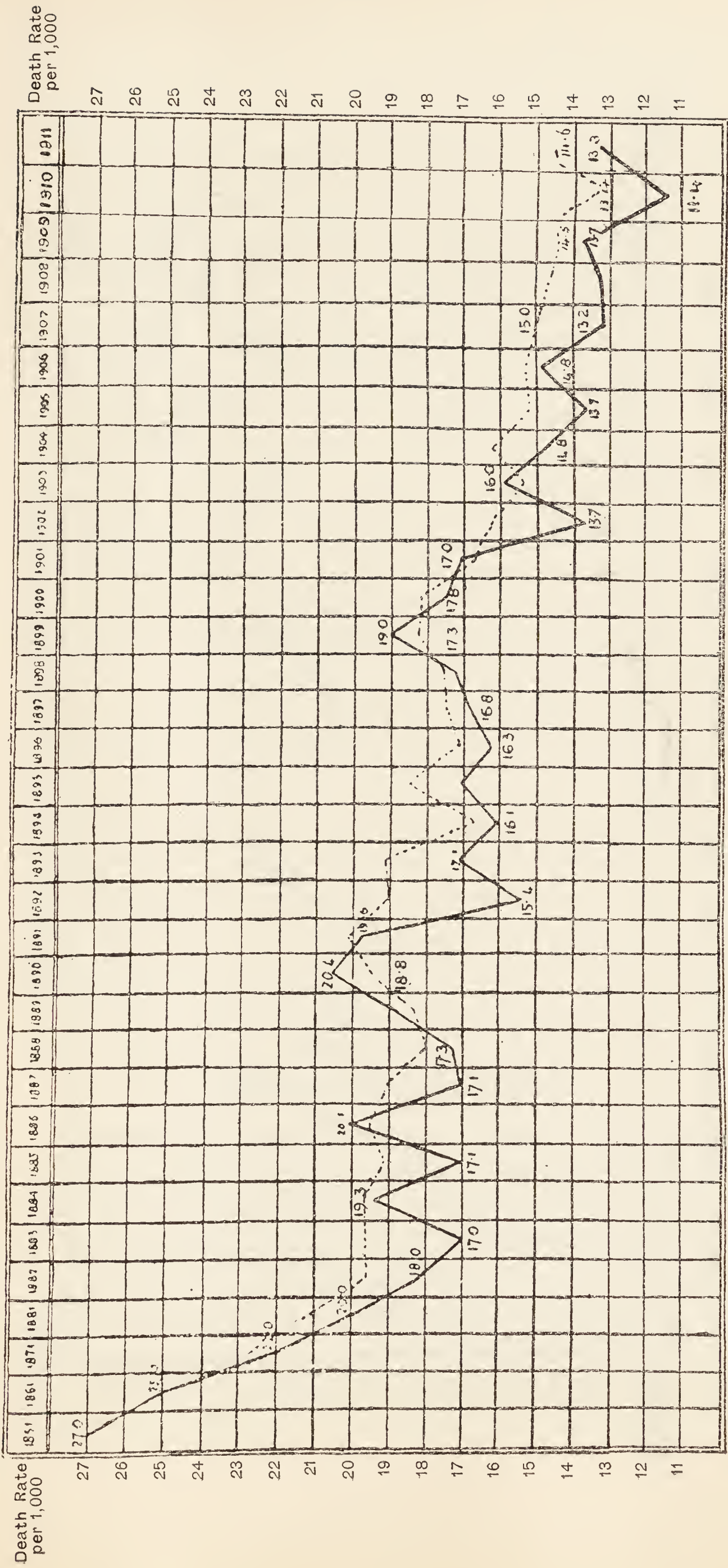
Letters of caution numbering 6 were sent to midwives during the year—4 for having failed to send for medical help (in two instances when there was inflammation of the infants' eyes), one for failing to send in the form stating that medical help had been sent for; and one for failing to keep her register of cases up-to-date.

Notifications of 6 cases of Puerperal Fever, and 3 cases of Ophthalmia Neonatorum were received by the Medical Officer of Health. These were duly enquired into, advice given, and the necessary precautions carried out.

Of the 39 Midwives who notified their intention to practise in Coventry during 1911, one has left the country, and two have died.

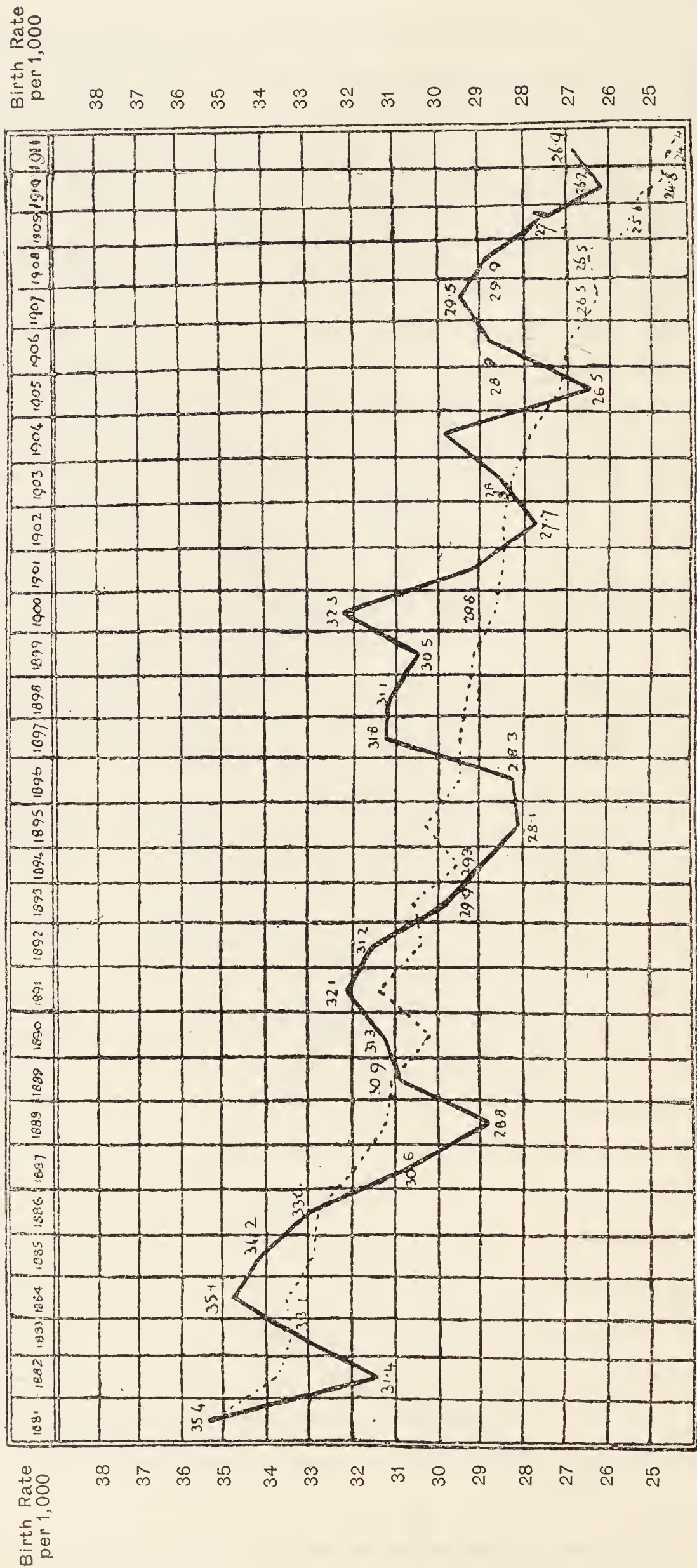
Three notifications were received from midwives of the deaths of infants occurring before medical aid could be summoned."

CHART SHOWING DECLINE OF COVENTRY DEATH RATE SINCE 1851.





# CHART SHOWING DECLINE OF COVENTRY BIRTH RATE SINCE 1881.



Dotted line indicates Birth Rate for England and Wales.



The causes for sending for medical help were as follows :—

<i>For Mother.</i>				<i>For Child.</i>			
Prolonged or Difficult Labour	..	64		Inflammation of Eyes	..	..	19
Adherent Placenta and Membranes		28		Debility of Child	..	..	18
Lacerated Perineum	..	..	27	Deformity	..	..	9
Premature Birth	..	..	21	Tongue Tied	..	..	6
Hæmorrhage	..	..	17	Jaundice	..	..	4
Rise of Temperature	..	..	15	Convulsions	..	..	4
Abnormal Presentation	..	..	14	Pemphigus	..	..	1
Breech Presentation	..	..	6	Injury to Arm	...	..	1
Abortion	..	..	6				
Eclampsia	..	..	5				
Contracted Pelvis	..	..	4				
Prolapse of Cord	..	..	4				
Inflammation of Breasts	..	..	4				
Excessive Sickness	..	..	3				
Abdominal Pain and Swelling	..	..	3				
Tumours	..	..	3				
Twins	..	..	2				
Pleurisy	..	..	2				
Exhaustion	..	..	2				
Insanity	..	..	1				
Induction	..	..	1				
Prolapse of Uterus	..	..	1				
Phlebitis	..	..	1				
Thrombosis	..	..	1				
Acute-Rheumatism	..	..	1				
Chill	..	..	1				
Hæmorrhoids	..	..	1				
Other Causes	..	..	1				

### **Cerebro-Spinal Fever.**

Two cases of Cerebro-Spinal Fever were notified as occurring in a van near Swan Lane, in the persons of a married woman and her son. On visiting, immediately after the receipt of the notifications, the mother was found to be dead, and the son very ill. As it was impossible for the boy to be properly nursed in a van, and there was no institution in the City to which he could properly be sent, he was admitted to the empty Small Pox Hospital at Pinley. Subsequent further observation of the patient, and a post-mortem on the deceased, gave reason for thinking that both illnesses were Pneumonia, complicated with excessive cerebral symptoms.

## Tuberculosis.

The table on page 55 shows that there were registered 87 deaths as due to Phthisis, and 30 to other forms of Tuberculosis; that table also shows *that in no previous year* was there a lower death rate from Phthisis or from Tuberculosis; the last column shows the gradual diminution that has been going on in the death rate from this form of disease since the seventies; in that time this rate has been reduced by more than 50 per cent.

The most important step taken in connection with the notification of Pulmonary Tuberculosis was the issue of Regulations by the Local Government Board making this disease compulsorily notifiable. These Regulations were issued under the powers conferred by the Public Health Act, 1875, as amended by the Public Health Act, 1896. In the first instance, in 1908, Regulations were issued making this illness occurring among paupers compulsorily notifiable. On May 1st, 1911, further Regulations were issued rendering all cases occurring among patients in "public" institutions, such as hospitals, etc., notifiable, and, lastly, on November 15th, 1911, similar Regulations were issued, which made the disease notifiable in those who may properly be described as "private" patients of medical men. These last Regulations, however, did not come into force until January 1st 1912.

The voluntary form of notification of cases of Pulmonary Tuberculosis, which has been in force in this City since 1907, led to the notification of 49 cases; under the regulations of 1908, 15 notifications were received; and under the Regulations concerning hospital patients, 77 notifications came to hand, making a total of 141. It must be remembered that in a chronic disease such as this, extending frequently over several years, cases often are notified several times over when they change their address or their medical man; they must, therefore, not be necessarily regarded as so many cases of the disease.

Where visits by the Health Visitors appear desirable these are paid; advice is given both verbally and by circular concerning the precautions that should be taken in regard to limiting the spread of infection, in regard to the use of pocket spittoons and so on—in all, 336 visits were paid to Phthisical patients; some of these visits have been to patients who have received treatment

at Winsley or other sanatoria. A sample of the printed sheet of precautions used in these cases is given below :—

### CITY OF COVENTRY.

---

(1) Consumption, or Tuberculosis of the Lungs, in its early stage is curable. The most effective remedy has been found to be fresh air and sunshine. The windows of a patient's room should therefore be open as wide as is possible to bear them both day and night in all weathers.

(2) Consumption is an infectious disease. Those living in the home of a consumptive patient are liable to contract the disease. The best means of guarding against infection is fresh air. All persons should endeavour to live in rooms with the windows open both day and night in all weathers.

With a little practice it will be found that there are few days—even in this climate—when this cannot be done without inconvenience.

A consumptive patient should not sleep with another person, but should occupy a separate bed, and best of all should have a separate bedroom, where open-air treatment can be carried on.

(3) The phlegm or expectoration coughed up contains the infectious matter. It is necessary, therefore, that care should be taken in the disposal of this. It should not be coughed out **anywhere**. Pocket spittoons will be found useful; these should be emptied either into a fire or down a drain and washed out with boiling water. The phlegm or spit must not be swallowed.

If the expectoration be received into a handkerchief, the best kind of handkerchief is the Japanese paper one; these can be obtained quite cheaply through any chemist, and are to be burnt after use; if ordinary handkerchiefs are ever used, they should be boiled before they become dry, or placed in a disinfectant fluid.

(4) Table articles, such as knives, forks, spoons, drinking vessels, and table napkins, after use by a consumptive person should be carefully washed in boiling water, and it is safest to reserve a set of such articles for his special use.

(5) He should have a separate towel for his special use, in the same manner as he should have a separate table-napkin and a separate handkerchief.

(6) All living rooms, sleeping rooms, and workrooms should be well lighted and well ventilated, and all chimney flues should be kept open.



It is especially necessary in a house where there is a consumptive patient that there should be as little dust as possible. Dusting should therefore be carried out every day with **damp dusters**, and the floor washed once a week or oftener. Carpets and bed hangings are best avoided in the patient's bedroom.

(7) A room on ceasing to be occupied by a patient should not be used again until both the room and the contents have been thoroughly disinfected and cleansed.

Disinfection is best carried out by the Sanitary Authority.

E. H. SNELL, M.D.,

*Medical Officer of Health.*

PUBLIC HEALTH DEPARTMENT,

10A, HAY LANE, COVENTRY.

Where the people visited are obviously poor an order for a pocket spittoon is given, and this is exchanged for one of these on application at the Health Department.

Among the notified cases there were 29 deaths.

All private houses where deaths from Pulmonary Tuberculosis are certified to have occurred are visited in the course of a few days by the disinfectors; all clothes and bedding which it appears desirable to disinfect are disinfected; this cannot be insisted on, but practically no objection to the course is ever offered; also where it appears desirable to effect disinfection of premises this is effected; in many cases the requisite disinfection consists in the scrubbing of the floors (preferably with chloride of lime), and the rubbing down of the walls with dough; where further cleansing, *e.g.*, limewashing or papering, is necessary, I present a certificate to this effect to the next Meeting of the Sanitary Committee, under Section 46 of the Public Health Act, 1875, and the necessary order is issued; this formal process necessarily involves some delay, but in most cases this is avoided by the issue of a preliminary and informal notice, and the work is generally done as a sequel to this notice, and before the statutory notice is authorised.

During these visits the disinfectors collect certain information for statistical purposes, and the principal points of this information are given in the following tables :—

## DEATHS FROM PHTHISIS.

Housewives .. .. .	14	Butcher .. .. .	1
No occupation .. .. .	10	Watch Finisher .. .. .	1
Machinists .. .. .	13	Ribbon Manufacturer .. .. .	1
Clerks .. .. .	4	General Dealer .. .. .	1
Musical Instruments Dealer .. .. .	1	Watch Maker .. .. .	1
Iron Turner .. .. .	1	Blacksmith .. .. .	1
Painter .. .. .	1	Silk Sorter .. .. .	1
Motor Trimmer .. .. .	1	Steam Roller Driver .. .. .	1
Labourer .. .. .	1	Pupil Teacher .. .. .	1
Printers .. .. .	3	Tinsmith .. .. .	1
Engine Turners .. .. .	2	Watch Polisher .. .. .	1
Street Organist .. .. .	1	Licensed Victualler .. .. .	1
Analytical Chemist .. .. .	1	Textile Manufacturer's Manager .. .. .	1
Gardener .. .. .	1	Scales Manufacturer .. .. .	1
Sand Blaster .. .. .	1	Naval Pensioner .. .. .	1
Dressmaker .. .. .	1		
Milliners .. .. .	2		73

## Duration of illness:—

Under 6 months .. .. .	17
Between 6 months and 1 year .. .. .	26
Between 1 and 2 years .. .. .	17
Over 2 years .. .. .	13
	73

## Duration of Cough;—

Under 6 months ... .. .	25
Between 6 months and 1 year .. .. .	23
Between 1 and 2 years .. .. .	16
Over 2 years .. .. .	9
	73

## Confined to bed:—

One week or less .. .. .	21
Between 1 and 2 weeks .. .. .	3
Between 2 and 4 weeks .. .. .	11
Between 1 and 2 months .. .. .	14
Over 2 months .. .. .	24
	73

## Rent:—

£20 or over .. .. .	14
6/- to 8/6 per week .. .. .	25
4/6 to 6/- per week .. .. .	18
Under 4/6 per week .. .. .	15
	72

NOTE:—1 death took place in a caravan on Pool Meadow and is not included under the heading of "rent."

## Bedrooms :—

1 or 2 bedrooms	..	..	..	..	29
3 bedrooms ..	..	..	..	..	34
4 bedrooms ..	..	..	..	..	7
5 bedrooms ..	..	..	..	..	0
6 or more bedrooms ..	..	..	..	..	2
Caravan ..	..	..	..	..	1
					<hr/> 73
Number of houses not through ventilated	..	..	..	..	7

## TREATMENT OF CONSUMPTIVES.

Since 1909 your Council has leased six beds in the Winsley Sanatorium, near Bath, for Coventry patients suffering from this disease. The Sanatorium is an excellently situated and equipped Institution. It is intended only for the earliest cases of Phthisis. It has been the generally recognised opinion among those who have given the most attention to the matter that Sanatorium treatment is only likely to be of permanent benefit to those who resort to it in the very earliest stages. There are, however, various factors which tell against the seeking of this treatment in the earliest stages. For example, there is considerable difficulty in diagnosing the disease before the extent of the implication of a lung is more than slight; it is only the most careful diagnosticians among medical practitioners who are successful in doing this. Also among working men there is a great tendency to ignore a cough as “merely a cough,” until the time arrives when the health is affected to such an extent that an inability to work supervenes. These are two most important factors in lessening the utility of sanatoria. And they account for the fact that some of the small number of six beds in the Winsley Sanatorium have often to be filled by cases that are not promising.

Most cases of Phthisis will improve by a stay in a sanatorium; but many of those who present themselves for this treatment decline in health again after resuming their ordinary work. There have, however, been so many applicants for the Winsley Sanatorium that your Sanitary Committee has had under consideration the question, as I understand it, of providing some more local accommodation for those, not in the very earliest stages, who would probably improve by treatment of this character.



On the 6th September I presented the following report to that Committee :—

“ At your last meeting I reported to your Committee that the period for which the Council agreed to engage beds for Coventry patients in the Winsley Sanatorium would expire on the 25th March, 1912, and if it were desired to exercise the power contained in the Agreement to extend the arrangement for a further three years, notice to that effect must be given by the 29th of September, 1911. Your Committee resolved that the

### Deaths from Tuberculosis during the last 38 years.

Year.	Esti- mated Popu- lation.	Phthisis.	Phthisis. Death Rate.	Other forms of Tuber- culosis.	Totals.	Tuber- culosis Death Rate.	Averages. Tuber- culosis Death Rates.
1874*	39,000	38	1.94	12	50	2.56	2.53
1875	39,446	83	2.14	34	117	2.96	
1876	39,890	70	1.76	22	92	2.30	
1877	40,344	66	1.63	29	95	2.35	
1878	40,778	84	2.06	13	97	2.37	
1879	41,222	89	2.15	22	111	2.68	2.15
1880	41,666	78	1.87	36	114	2.74	
1881	42,111	65	1.54	28	93	2.20	
1882	42,750	62	1.47	22	84	1.96	
1883	44,000	74	1.78	15	89	2.02	
1884	44,500	82	1.84	18	100	2.24	1.93
1885	45,000	72	1.60	16	88	1.74	
1886	45,500	60	1.31	13	73	1.60	
1887	46,500	70	1.50	25	95	2.04	
1888	47,500	61	1.28	15	76	1.60	
1889	48,500	103	2.12	11	114	2.33	1.82
1890	49,500	91	1.84	21	112	2.26	
1891	52,724	78	1.47	14	92	1.74	
1892	54,000	79	1.46	33	112	2.07	
1893	54,700	70	1.28	30	100	1.82	
1894	55,300	73	1.32	32	105	1.88	1.72
1895	56,000	70	1.25	27	97	1.73	
1896	59,151	86	1.45	19	105	1.78	
1897	61,234	69	1.12	33	102	1.66	
1898	61,555	64	1.03	28	92	1.49	
1899	61,796	85	1.37	29	114	1.84	1.51
1900	70,075	105	1.49	36	141	2.01	
1901	70,300	83	1.18	35	118	1.67	
1902	73,000	81	1.10	39	120	1.64	
1903	75,700	87	1.15	43	130	1.71	
1904	77,500	78	1.00	30	108	1.39	1.21
1905	81,000	75	0.92	29	104	1.28	
1906	83,900	88	1.04	40	128	1.51	
1907	87,000	108	1.24	42	150	1.72	
1908	91,000	120	1.31	41	161	1.76	
1909	93,500	97	1.03	37	134	1.43	1.21
1910	102,000	88	0.87	49	137	1.35	
1911	107,287	87	0.80	30	117	1.08	

\* Latter half of year only.

further consideration of the matter should be adjourned until the September meeting, and I understood your Committee to request Dr. Soden and myself to obtain further information on the question of possible sites in the neighbourhood of Coventry.

The question of the selection of a site for a Sanatorium is involved considerably in the kind of Sanatorium which your Committee desire to provide, *i.e.*, whether it is intended to provide a Sanatorium for very early and curable cases, or whether it is intended to provide a Hospital for cases not usually admissible to an ordinary Sanatorium. So far as I am aware your Committee has not determined which kind of building is desired. How the character of the site depends on the consideration of the building required was drawn attention to in the report written by Dr. Soden and myself, dated March 30th, 1909; that report was made to your Committee on your Committee's request that we should visit and report concerning the suitability of a site at Corley. The suggestion was made in that report that your Committee should, before incurring expense in the erection of a Sanatorium, gauge carefully the extent of the demand for Sanatorium beds as shown by the number of suitable applicants for beds in the Winsley Sanatorium. The above suggestion was adopted by your Committee, and our experience with the Winsley beds has shown that they are quite sufficient in number to meet all the really suitable applicants who apply for admission, *i.e.*, proper sanatorium patients; this being the case it seems obvious that it cannot be reasonably suggested that a separate Sanatorium, with separate management and administration, for this number of beds for Coventry alone would be economic or advisable, and that the only institution reasonably to be thought of, of this nature, for Coventry patients, would be one where provision was made for the disease in all its stages, *i.e.*, for all applicants, excluding only those supposed to be really curable cases who might be sent to a Sanatorium proper. As two years and a half have elapsed since the consideration of the before-mentioned report on the — Farm, Corley, and as the considerations touched on in that report are of moment whatever the site considered, a copy of that report is appended hereto. Also as Dr. Soden and I have, since your last Meeting, visited a further site at Corley which has certain advantages, we are appending a report concerning that site."



On the same date a report was presented to your Sanitary Committee from Dr. Soden and myself, concerning the suitability of a site at Corley. Also various other sites have been considered. I have also placed before that Committee information concerning the latest developments of the Tuberculosis Dispensary question. Several of these institutions have been started in different parts of the country. In some, the predominant feature is the treatment of the disease by Tuberculin. To all intents this is the treatment introduced by Koch more than 20 years ago as a specific remedy for the ailment. It was introduced with a flourish of trumpets, which subsequent experience showed to be unjustified. It was found on all hands to be no "specific" remedy at all. There have, however, been careful plodders among medical men, who have given more extended trials to this remedy. And these have come to the conclusion that with properly graduated doses of the injection quite good results may be obtained in many cases. The recorded results are limited, but, as far as they go, they are most promising. This method of treatment is a distinct speciality, and cannot be obtained except from a few practitioners who have placed themselves in a position to obtain special information in regard to it. The results have been so encouraging that it would be quite reasonable for your Council to consider the question as to whether a Tuberculosis Dispensary might not be started in this City. It would be a sort of out-patient department for Phthisis cases, but the provision of some beds in the form of a local sanatorium would be essential in connection with it.

It is well known that the Government has recently appointed a strong Committee to advise concerning the steps which should be taken by local authorities to bring about a diminution of this disease. It may be anticipated that that advice may shortly be forthcoming.

I append below some particulars of the patients who have been to the Winsley Sanatorium during the past three years:—

#### APPLICANTS ADMITTED TO THE COVENTRY BEDS OF THE WINSLEY SANATORIUM.

No. 1. Female, age 23. Admitted 1909. Died 1910.

No. 2. Male age 36. Admitted 1909. Died 1910.



No. 3. Female, age 20. Admitted March 26th, 1909. January 15th, 1910. Improvement continued. Has stayed in the Country during the summer months. December 15th, 1910. Patient feeling stronger; appetite good, gaining weight—cough and expectoration still pretty bad.

December 12th, 1911. Patient not so well—feels depressed; cough and expectoration very bad at times.

No. 4. Male, age 32. Admitted 1909. Died 1909.

No. 5. Male, age 22, Dec. 14th, 1910. Able to walk out, but not fit for work. Cough very troublesome.

December 15th, 1911. Patient has not been so well lately; cough very troublesome, and expectoration very bad.

No. 7. Male, age 32. Admitted 1909. Died 1909.

No. 8. Female, age 17. Admitted 1909. Died 1910.

No. 13. Male, age 23. Admitted 1909. January 17th, 1910. Re-examined; improvement has been maintained; has been at work continuously since discharge. December 13th, 1910. Feels quite well now. Has been able to continue work since his return from Sanatorium.

December 15th, 1911. Quite well. Has been able to remain at work during the year.

No. 15. Female, age 27. Admitted 1909. January 14th, 1910. Improvement continued. During Spring, patient went to Bournemouth, and received much benefit. December 24th, 1910. Quite well now; was married six months ago, and is now residing out of Coventry.

February 21st, 1912. Letter received from patient, stating that she is very much better, and is feeling fairly well, and strong.

No. 17. Male, age 30. Admitted 1909. January 8th, 1910. Has gained 20 lbs. while at Sanatorium; feels well; communicated with Labour Bureau in regard to obtaining outdoor employment. January 26th, 1910. Has not yet obtained work. Has been at work intermittently during the year; has lost weight and cough very troublesome. Re-applied for admission to Winsley, December 24th, 1910. Admitted January 13th, 1911. (No. 96).

December 19th, 1911. Strength maintained—very little cough; able to be at work daily.

No. 19. Male, age 29. Admitted 1909. January 26th, 1910. Patient states that he is now quite well. December 15th, 1910. Patient has continued to work in factory throughout the year; strength maintained and appetite good; feels quite well.

November 16th, 1911. Strength maintained, able to be at work daily; appetite good, no loss of weight.

No. 21. Male, age 32. Admitted 1909. Died 1910.

No. 22. Male, age 44. Admitted 1909. Died 1911.

No. 24. Male, Age 29. Admitted 1909. January 13th, 1910. Good health maintained.

January 3rd, 1911. Patient feels very well—has good appetite, has not lost weight since his return from Winsley. Cough and expectoration very slight. Able to be at work daily.

January 26th, 1912. Patient fairly well—able to be at work daily.

No. 27. Male, age 35. Admitted 1909. January 5th, 1910. States that he gained 26 lbs. in weight while in Sanatorium; is greatly improved, and seems in entirely good health. Patient lost weight after his return home; during summer his health varied a good deal.

Later report (December 15th) states, "Able to be at regular work now; strength maintained."

December 14th, 1911. Able to be at work daily.

No. 34. Female, age 11. Admitted 1909. October 21st, 1910. Very much better; has no cough now.

November 23rd, 1911. General improvement maintained during the year. Has very little cough now.

No. 42. Male, age 27. Admitted 1909. Died 1910.

No. 43. Female, age 31. Admitted 1909. Died 1910.

No. 44. Female, age 28. Admitted 1909. Discharged April 27th, 1910. Winsley Report:—"Apparent arrest. No cough, no sputum, no temperature; gained 42 lbs. in weight." September 8th. Since leaving Sanatorium has put on weight, and seems in very good health.

Later report (January 24th, 1911): Condition very satisfactory; no cough.

January 3rd, 1912. General improvement maintained during the year.

No. 45. Male, age 24. Admitted January 12th, 1910. Discharged April 6th, 1910. Winsley Report:—"Able to resume work." Since his return, patient's health has improved. December 15th. Patient says he feels quite well—has no cough or sputum; is at work daily.

January 2nd, 1912. Has obtained outdoor employment. Keeping fairly well.

No. 47. Male, Age 26. Admitted January 10th, 1910. Discharged April 30th, 1910. Winsley Report:—"Able to resume work." November 1st. Has kept well since leaving Sanatorium; obtained temporary work out of doors for a few months. Is strongly advised not to go back into a factory.

Letter dated 15th May, 1911, from patient (who has now obtained outdoor employment at Eastbourne), stating that he is keeping well, and not losing weight.

No. 49. Male, age 33. Admitted January 10th, 1910. Discharged April 28th, 1910. Winsley Report :—"Able to resume work." August 17th. Has continued to improve and put on weight. October 27th. Condition very satisfactory ; has obtained outdoor employment.

May 20th, 1911. Continues well.

December 14th, 1911. Apparently quite well.

No. 50. Male, age 27. Admitted February 2nd, 1910. Discharged July 20th, 1910. Winsley Report :—"Progress was retarded by a severe attack of pleurisy."

January 18th, 1911. Health much improved ; has gained 11 lbs. since returning from Sanatorium.

December 12th, 1911. Patient says he feels much better than he did on his return from Winsley, but does not feel able to work ; cough is still troublesome.

No. 54. Male, age 27. Admitted 1910.

Left the district in April, 1911. Died 1911.

No. 55. Male, age 30. Admitted May 10th, 1910. Discharged July 30th, 1910. Winsley Report :—"Able to resume work. Would have benefited by a longer stay had finances allowed it."

April 11th, 1911. Not able to work—too weak—cough troublesome. During summer patient stayed several weeks in Bournemouth. No better.

November 29th, 1911. No better ; has had hæmorrhage lately.

No. 56. Female, age 23. Admitted 1910. Died 1911.

No. 60. Male, age 18. Admitted May 3rd, 1910. Discharged August 20th, 1910. Winsley Report :—"Able to resume work." November 15th, 1910. Patient has gone to South Africa.

Letter dated February 12th, 1912, states that he is very well, none of the signs of his late illness being in evidence.

No. 61. Male, age 19. Admitted 1910. Died 1911.

No. 62. Male, age 21. Admitted May 9th, 1910. Discharged September 24th, 1910. Winsley Report :—"Able to resume work."

February 28th, 1911. Not so well—cough troublesome—patient at work. Patient has worked intermittently during the year. November 16th, 1911. Not so well ; cough very troublesome ; losing weight.

No. 69. Male, age 20. Admitted 1910. Died 1911.



No. 72. Female, age 24. Admitted July 27th, 1910. Discharged November 16th, 1910. Winsley Report :—" Able to resume household work."

February 17th, 1911. Has lost weight since return—slight cough. Patient has remained the same during the year. January 25th, 1912. Keeping fairly well.

No. 73. Male, age 43. Admitted July 22nd, 1910. Discharged November 11th, 1910. Winsley Report :—" Able to resume work, but prognosis rather doubtful."

March 3rd, 1911. Strength maintained, very little cough; able to be at work daily. Patient able to remain at work in factory during the year. January 31st, 1912. At regular work; quite well now.

No. 74. Female, age 13. Admitted July 27th, 1910. Discharged November 16th, 1910. Winsley report :—" Able to return to school."

February 17th, 1911. Has lost weight since return from Sanatorium. Patient not so well in early part of year. During autumn has been sent to Mount Vernon Sanatorium by the Charity Organization Society. Improving. January 25th, 1912. Returned home much improved; at work now.

No. 78. Male, age 25. Admitted September 1st, 1910. Discharged March 2nd, 1911. Winsley Report :—" Able to resume work, and should do well, but still has a few T.B's. Has had Tuberculin."

December 11th, 1911. Patient not so well, but able to be at work daily; is losing weight.

No. 82. Female, age 22. Admitted September 27th, 1910. Discharged January 28th, 1911. Winsley Report :—" Improved."

February 13th, 1911. Not so well; has pleurisy—cough still troublesome. December 29th, 1911. Patient very weak; cough and expectoration bad. Living entirely in open shelter in garden.

No. 86. Male, age 28. Admitted 1910. Died 1911.

No. 88. Female, Age 23. Admitted November 26th, 1910. Discharged January 21st, 1911. Winsley Report :—" Unimproved; resistance poor."

March 3rd, 1911. Has been confined to bed since returning from Winsley. Patient very much better. Has been treated with tuberculin by her own medical man. January 9th, 1912. Feels well; has slight cough in morning.

No. 89. Male, age 25. Admitted November 15th, 1910. Discharged March 7th, 1911. Winsley Report: "Able to resume work, and should do well, but still has a few T.B's. Has had Tuberculin."

November 8th, 1911. Patient very well; at work daily; gaining weight.

No. 91. Female, age 20. Admitted December 1st, 1910. Discharged January 25th, 1911. Winsley Report: "Improved, but not able to resume work."

Not so well after her return. Went to Ventnor for three months in summer; returned much better. January 31st, 1912. Not quite so well; has contracted fresh cold.

No. 58. Male, age 23. Admitted February 18th, 1911. Discharged May 24th, 1911. Winsley report:—"Improved—but probably only temporarily, as larynx considerably affected." Later report:—Address unknown—said to be at work.

No. 95. Male, age 30. Admitted January 19th, 1911. Discharged March 16th, 1911. Winsley Report:—"Able to resume work." October 27th, 1911. Patient not quite so well—able to be at work daily.

No. 96. Male, age 30. (Also No. 17). Re-admitted January 19th, 1911. Discharged May 12th, 1911. Winsley Report:—"Able to resume work, but still has a few T.B.'s. Has had Tuberculin." December 19th, 1911. Strength maintained, very little cough—able to be at work daily.

No. 97. Male, age 27. Admitted January 27th, 1911. Discharged May 18th, 1911. Winsley Report:—"Able to resume work; still has a few T.B.'s. Has had Tuberculin." January 25th, 1912. Patient apparently quite well now; gaining weight.

No. 99. Female, age 29. Admitted March 22nd, 1911. Discharged June 24th, 1911. Winsley Report:—"Able to resume household work." October 10th, 1911. Patient about the same. Has since been lost sight of.

No. 102. Male, age 31. Admitted March 15th, 1911. Discharged May 24th, 1911. Winsley Report:—"Unimproved. Progress retarded by Oral Sepsis. Patient never well enough to attend Dentist at Bath." July 7th, 1911. Patient has consulted dentist; but health is not improved. January 26th, 1912. Patient not so well; cough and expectoration very bad; unable to work.

No. 104. Female, age 10. Admitted April 14th, 1911. Discharged August 5th, 1911. Winsley Report:—"Able to return to school." September 21st, 1911. Patient keeping well; at school daily. January 25th, 1912. Patient much stronger; able to be at school daily.

No. 105. Male, age 29. Admitted, 1911. Died, 1911.

No. 106. Male, age 16. Admitted June 14th, 1911. Discharged October 4th, 1911. Winsley Report:—"No active disease found now; he should do well if he can obtain suitable work." January 25th, 1912. Has obtained work; steady improvement since his return; condition very satisfactory.

No. 108. Male, age 30. Admitted May 26th, 1911. Discharged September 15th, 1911. Winsley Report:—"Able to resume work. A chronic case, with a Vomica in left apex; fairly quiescent now. September 29th, 1911. Fairly well. January 25th, 1912. Patient improving; is having Tuberculin.

No. 109. Male, age 20. Admitted May 19th, 1911. Discharged September 9th, 1911. Winsley Report:—"Able to resume work." October 3rd, 1911. Patient not so well; losing weight; has not been able to obtain work. January 25th, 1912. Patient feeling stronger, not now losing weight.

No. 111. Male, age 17. Admitted May 26th, 1911. Discharged July 22nd, 1911. Winsley Report:—"Improved." October 5th, 1911. Patient sent direct from Winsley to Bournemouth. Improving; gaining weight. Hopes to stay there till March, 1912.

No. 112. Female, age 22. Admitted June 28th, 1911. Discharged October 18th, 1911. Winsley Report:—"Has improved more than I expected, but prognosis is very doubtful." December 13th, 1911. Not so well; has cold, cough very troublesome.

No. 115. Male, age 31. Admitted September 2nd, 1911. Discharged October 27th, 1911. Winsley Report:—"Unimproved. Appears to have no powers of resistance. Prognosis bad." November 14th, 1911. Patient not so well—losing weight; cough very troublesome.

No. 118. Male, age 31. Admitted August 5th, 1911. Discharged August 22nd, 1911. Left of his own accord, owing to cold.



No. 119. Male, aged 24. Admitted July 25th, 1911. Discharged November 16th, 1911. Winsley Report :—" Improved, but still has a few T.B.'s, and prognosis is rather doubtful." December 14th, 1911. Strength maintained; at work daily.

No. 122. Female, age 36. Admitted September 18th, 1911. Discharged December 11th, 1911. Winsley Report :—" Able to resume work; has some emphysema."

No. 124. Male, age 13. Admitted October 6th, 1911. Discharged January 27th, 1912.

No. 125. Male, age 29. Admitted September 14th, 1911. Discharged January 3rd, 1912. Winsley Report :—" Able to resume work." (No further report obtainable, patient having removed—present address unknown).

No. 132. Female, age 38. Admitted October 18th, 1911. Discharged February 3rd, 1912. Winsley Report :—"Able to resume her household duties." (Teeth require attention).

No. 137. Male, age 16. Admitted November 2nd, 1911. Discharged February 22nd, 1912. Winsley Report :—" Able to resume work."

No. 141. Female, age 32. Admitted December 6th, 1911.

No. 143. Female, age 20. Admitted December 13th, 1911.

The following table is drawn up on the lines recommended by the late Dr. Bulstrode, of the Local Government Board, showing the position so far as "remaining well" is concerned of those patients who have gone from Coventry to the Winsley Sanatorium :—

#### WINSLEY PATIENTS.

Year of Admission.	No. Admitted.	Remaining well at end of year.		
		1909	1910	1911
1909	19	11	10	8
1910	20	—	12	13
1911	23	—	—	15

Out of the Total (36) remaining well, at the end of the year, 29 are said to be at work daily.

In order to make this relation of our local experience in regard to Sanatorium treatment complete, I have collected, as far as possible, some particulars of those who, during the year, applied for Winsley beds, but who did not receive nominations. There were 26 of these. Seven were considered not to be suffering from Phthisis. One of these, together with five others, whose applications were at the time pending, obtained admission through different means to other Sanatoria. Of these latter patients two died while at their Sanatorium, and were therefore not suitable cases for sending.

Some of the applicants have been able to obtain admission to other Sanatoria before the next vacancy has occurred at Winsley, *i.e.*, before their applications have been considered. It will be seen that several were too ill to travel.

I am drawing attention to these particulars because your Sanitary Committee has been adversely criticised concerning the inadequacy of the provision of six beds at the Winsley Sanatorium. Your Sanitary Committee can only deal with the applications that are received; and a careful study of the following particulars will show that there are only a very limited number of the cases referred to who could with advantage have been sent to Winsley. The capacity of Sanatoria for effecting miracles has been too greatly over-estimated. And this fact, not a fault of theirs, has brought on them a measure of discredit.

#### APPLICANTS DURING 1911 FOR COVENTRY BEDS AT THE WINSLEY SANATORIUM, TO WHOM BEDS COULD NOT BE, OR WERE NOT, ALLOTTED.

No. 94. Male, age 28. Application received November 18th, 1910. Refused; not considered phthisical; application withdrawn. March 13th, 1912. Continues at work.

No. 98. Male, age 26. Application received January 19th, 1911. Refused; not considered to be suffering from Pulmonary Tuberculosis. Quite well now.

No. 100. Male, age 34. Application received February 23rd, 1911. Too ill to travel. Died November 17th, 1911.

No. 101. Male, age 51. Application received March 3rd, 1911. Extensive disease of both lungs. Died May 18th, 1911.

No. 103. Male, age 48. Application received March 9th, 1911. Extensive disease of both lungs. Advanced case. November 23rd, 1911. Rather better; at work.

No. 107. Male, age 36. Application received April 13th, 1911. Considered unsuitable; too advanced for Sanatorium treatment. Died January 31st, 1912.

No. 110. Male, age 13. Application received May 1st, 1911. Schoolboy; not considered phthisical. December 6th, 1911. Has improved by open-air treatment at home.

No. 113. Female, age 24. Application received May 27th, 1911. Obtained admission to another Sanatorium.

No. 114. Male, age 28. Application received June 14th, 1911. Obtained admission to Sanatorium at Bournemouth. February 28th, 1912. Returned home two months ago; not well enough to be at work.

No. 116. Male, age 33. Application received June 20th, 1911. Refused; considered unsuitable. Died September 24th, 1911.

No. 120. Male, age 29. Application received July 12th, 1911. Obtained admission to National Sanatorium, Bournemouth.

No. 121. Female, age 12. Application received July 13th 1911. Not considered phthisical. Has been sent by the Charity Organization Society into the country. December 1st, 1911. Much improved.

No. 123. Female, age 10. Application received July 19th, 1911. Not considered phthisical. The Charity Organization Society have this case under their care; has been admitted to Mount Vernon Sanatorium.

No. 126. Male, age 47. Application received July 25th, 1911. Refused; very chronic case; considered unsuitable. February 22nd, 1912. About the same; continues at work.

No. 127. Female, age 12. Application received July 25th, 1911. Not considered phthisical. Has been sent by the Charity Organization Society into the country; improving.



No. 128. Male, age 33. Application received August 3rd, 1911. Obtained admission to Benenden Sanatorium. November 29th, 1911. Returned home much improved.

No. 129. Male, age 19. Application received August 17th, 1911. Refused; considered unsuitable. Died January 4th, 1912.

No. 130. Male, age 19. Application received August 31st, 1911. Refused; considered unsuitable. Too ill for Sanatorium treatment. March 5th, 1912. Very ill.

No. 133. Female, age 20. Re-applied for Winsley, September 21st, 1911. Not considered phthisical; now lost sight of.

No. 134. Male, age 39. Application received September 28th, 1911. Was sent by employer on October 16th to Meathop Sanatorium, and died there January 17th, 1912.

No. 135. Male, age 29. Application received October 14th, 1911. Refused; considered unsuitable for Sanatorium treatment. Obtained admission to Meathop Sanatorium, December 17th, 1911. Died there, January 4th, 1912.

No. 136. Female, age 22. Application received October 16th, 1911. Chronic case; considered unsuitable. February 27th, 1912. Condition unaltered.

No. 138. Male, age 27. Application received October 20th, 1911. Died November 14th, 1911.

No. 139. Female, age 20. Application received October 25th, 1911. Considered too ill to travel.

No. 140. Male, age 40. Application received November 2nd, 1911. Obtained admission to Benenden Sanatorium.

No. 142. Male, age 35. Application received November 8th, 1911. Considered too ill for Sanatorium treatment.

The following replies to queries are inserted here at the request of the Local Government Board.

### Phthisis: Sanatorium and Hospital Accommodation.

Classes for which accommodation is provided.	By whom provided	Where situated.	Total number of Beds.	How are patients selected?	Are patients under the care of a resident Medical Officer?	What Charge, if any, is made for the use of Beds?	Do the Sanitary Authority use—(1) their Isolation Hospital, or (2) their Small-pox Hospital for cases of Phthisis?	Do the Sanitary Authority reserve Beds in any Phthisis Sanatorium; If so, how many, and in what Sanatorium?	Do the Sanitary Authority provide portable open-air Shelters or Tents?
1.	2	3	4	5	6	7	8	9	10
(a) Early cases.	—	—	—	Applicants have to be recommended by a medical man; they are then reported on by Medical Officer to a small selection sub-committee.	Yes.	No charge to patients.	No.	Six Beds are reserved in the Winsley Sanatorium, near Bath, for Coventry Patients.	No.
(b) Intermediate cases.	—	—	—	—	—	—	—	—	—
(c) Advanced cases.	—	—	—	—	—	—	—	—	—

Have the Council, or Any Private Body, provided a Dispensary. If so, give particulars. No.

### Cancer.

Under this heading are included all forms of malignant disease; during the year 68 deaths were attributed to different forms of this disease; in the death returns these were designated as follows :—

Cancer	...	...	...	...	10
Scirrhus	...	...	...	...	3
Carcinoma	...	...	...	...	35
Epithelioma	...	...	...	...	5
Sarcoma	...	...	...	...	2
Malignant disease	...	...	...	...	7
Malignant growth	...	...	...	...	6
					—
					68
					—

The frequency with which the different parts of the body were affected was as follows :—Uterus, 7; Liver, 9; Rectum, 4; Intestines, 14; Stomach, 11; Neck, 2; Bladder, 2; Peritoneum, 2; Breast, 7; Kidney, 1; Face, 2; Jaw, 3; Pharynx, 1; Tongue, 1; Prostate, 1; (?), 1.

The various ages at which these deaths occurred are given in the extended schedule on page 164.

The variations that occur in the deaths from malignant diseases are shown by the following figures :—

1901	...	67	1907	...	39
1902	...	42	1908	...	83
1903	...	70	1909	...	65
1904	...	63	1910	...	76
1905	...	52	1911	...	68
1906	...	72			

### Alcoholism.

Two deaths were attributed to chronic alcoholism; twenty-three others were ascribed to Cirrhosis of the liver; alcoholism is generally the cause of this complaint. Nine deaths among young infants were caused by their being overlain in bed. One of the matters on which the Health Visitors give advice in visiting in relation to births is the provision of separate cots or boxes for infants to lie in; reference to the work of Health Visitors on page 34 will show the amount of success met with in this matter.



### **Other Causes of Death.**

I am appending to this report an extended schedule of the causes of, and ages at, death, of those deaths properly belonging to the City which occurred during the year. This gives more detailed information as regards the causes of death than the table on page 28. Fifty-eight deaths were attributed to accident or negligence, including nine to suicide.

### **Uncertified Deaths.**

There were 28 uncertified deaths during the year. Deaths are recorded as uncertified when no medical certificate is forthcoming concerning the cause of death, and when no inquest has been held.

### **Still-Births.**

No system of registration of still-births exists in this country. Also there are no legal requirements as to the disposal of the bodies of still-born infants. The Superintendent of the Cemeteries kindly furnishes me each month with a return of those that are buried at the Coventry Cemeteries; from these it appears that 125 bodies of infants said to have been still-born were buried in the Cemeteries during the year; of these, 62 were certified by medical men as having been still-born, and 63 by midwives.

### **Inquests.**

Ninety inquests appear to have been held during the year. These include 8 deaths in the Coventry and Warwickshire Hospital of non-residents. In 29 instances the death was attributed to disease. In the others the originating cause, as indicated by the verdicts, was as under:—Burns and scalds, 14; weather agencies, 3; overlaying, 4; accidents, 31; murder and suicide, 7; inattention at birth, 1; alcoholism, 1.

1911.

Comparison of Prevalence of Sickness and Death from Infectious Diseases.

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Group.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	5	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1341	36
1892	1	0	59	3	1	0	18	2	38	0	53	9	2	4	332	4
1893	30	0	145	7	6	1	4	1	30	0	40	9	9	7	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	2	2353	54
1895	0	0	84	3	6	3	6	3	439	19	42	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	43	1	113	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60
1906	0	0	58	3	56	12	3	0	312	5	12	3	9	3	...	1
1907	0	0	59	2	38	8	5	2	247	4	4	1	5	0	...	20
1908	0	0	44	3	101	8	7	0	238	7	11	1	2	1	...	3
1909	0	0	79	3	121	11	0	0	704	24	16	4	4	1	...	67
1910	1	0	70	3	101	15	3	0	1201	25	20	5	8	4	...	6
1911	0	0	70	2	161	17	0	0	1342	30	27	1	6	1	...	66

# Weekly Returns under the Infectious Disease (Notification) Act 1889.

WEEK ENDING.	Small Pox.	Scarlet Fever.	Diphtheria, including Membranous Croup.	Typhus Fever.	Typhoid Fever.	Continued Fever.	Relapsing Fever.	Puerperal Fever.	Cholera.	Erysipelas.
1911.										
January 8	..	28	2	..	2	..	..	..	..	4
" 15	..	40	3	..	1	..	..	2	..	..
" 22	..	24	2	..	2	..	..	..	..	..
" 29	..	34	3	..	2	..	..	..	..	..
February 5	..	33	3	..	1	..	..	..	..	2
" 12	..	25	..	..	1	..	..	..	..	..
" 19	..	19	2	..	1	..	..	1	..	2
" 26	..	13	3	..	1	..	..	..	..	1
March 5	..	21	3	..	1	..	..	..	..	..
" 12	..	18	3	..	2	..	..	..	..	..
" 19	..	21	4	..	2	..	..	1	..	1
" 26	..	16	3	..	1	..	..	..	..	2
April 2	..	33	1	..	2	..	..	1	..	1
" 9	..	20	1	..	1	..	..	..	..	1
" 16	..	21	3	..	..	..	..	..	..	..
" 23	..	17	3	..	..	..	..	..	..	1
" 30	..	18	2	..	..	..	..	..	..	1
May 7	..	17	4	..	2	..	..	..	..	1
" 14	..	24	1	..	..	..	..	..	..	..
" 21	..	20	1	..	1	..	..	..	..	2
" 28	..	26	3	..	..	..	..	..	..	2
June 4	..	18	3	..	1	..	..	..	..	1
" 11	..	19	4	..	..	..	..	..	..	1
" 18	..	13	1	..	..	..	..	..	..	3
" 25	..	22	2	..	..	..	..	..	..	1
July 2	..	35	4	..	..	..	..	..	..	..
" 9	..	26	6	..	..	..	..	..	..	..
" 16	..	38	1	..	..	..	..	..	..	1
" 23	..	29	2	..	..	..	..	..	..	1
" 30	..	36	3	..	..	..	..	..	..	1
August 6	..	35	3	..	..	..	..	..	..	..
" 13	..	24	2	..	..	..	..	..	..	1
" 20	..	32	4	..	..	..	..	..	..	2
" 27	..	28	2	..	..	..	..	..	..	..
September 3	..	12	3	..	..	..	..	..	..	1
" 10	..	31	7	..	..	..	..	..	..	1
" 17	..	19	2	..	1	..	..	..	..	3
" 24	..	32	1	..	..	..	..	..	..	..
October 1	..	37	1	..	..	..	..	..	..	2
" 8	..	38	6	..	..	..	..	1	..	1
" 15	..	46	3	..	..	..	..	..	..	3
" 22	..	38	5	..	..	..	..	..	..	3
" 29	..	21	2	..	..	..	..	..	..	2
November 5	..	30	5	..	..	..	..	..	..	1
" 12	..	35	8	..	..	..	..	..	..	1
" 19	..	27	2	..	..	..	..	..	..	1
" 26	..	34	4	..	..	..	..	..	..	3
December 3	..	26	10	..	1	..	..	..	..	4
" 10	..	30	6	..	1	..	..	..	..	3
" 17	..	16	3	..	..	..	..	..	..	3
" 24	..	16	..	..	..	..	..	..	..	1
" 31	..	11	6	..	..	..	..	..	..	4
TOTALS	..	1342	161	..	27	..	..	6	..	70



## PART II.

Schools & School Children.



### **Schools.**

In November, 1910, the Local Government Board issued a Memorandum on the Annual Reports of Medical Officers of Health. Among the various headings concerning which the Board desires to receive information in these Reports is the following :—

“ Schools, especially Public Elementary Schools; sanitary condition of, including water supply; action taken in relation to the health of the scholars and for preventing the spread of infectious disease. Arrangements for medical inspection of school children.”

The same Memorandum also says: “ Where the Medical Officer of Health is also the School Medical Officer under the Code of Regulations for Public Elementary Schools, 1908, it may be convenient that the Annual Report which he is required to make in the latter capacity should be issued together with his Annual Report on the health of his district.”

The Memorandum issued by the Board of Education in November, 1907, on the Education (Administrative Provisions) Act contained the following Regulations concerning the Annual Report which was to be compiled as a result of the work under the Act :—

“(d) Every School Medical Officer should make an Annual Report to the Local Education Authority on the schools and children under his superintendence, which should be printed for facility of reference and in order that a supply of copies may be available for distribution among the members of the Authority and other persons interested. The Authority should send two copies of the report to the Board of Education as soon as possible after the end of the year under review.

(e) In order to secure effective bases for comparison of the work done in different parts of the country, one uniform year must be taken, the year to be adopted being in all cases the calendar year, in order to correspond with the annual period fixed for the closely related report of the Medical Officer of Health.

(f) The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in Elementary Schools of the district.

(g) It should also contain statistical records of the number of children examined, and of those re-examined or under medical supervision; the nature and results of the examination; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health, and the remedy of diseased conditions that may be discovered, action taken, and so forth.



(h) In addition to such records it will be well, as far as practicable, to make systematic comparisons of the individual and collective measurements and characteristics of the children in each school with standard and local records, both as a means of determining the condition of health of particular children or classes, for guidance in future action, and as part of the anthropometric survey to which this Act should contribute in due time. This part of the work, however, must be kept in a secondary position while so much remains to be done in the elementary essentials of school hygiene. It is to those essentials, and the manner and degree in which they have been dealt with in his district, that each school medical officer should devote the major portion of his report."

This is the seventh Annual Report which I have been called on to make in this City on the matter of the medical inspection of school children, a system of medical inspection having been inaugurated by your Council in 1905.

During the year the position of Assistant Medical Officer has been occupied by Dr. H. J. Cates. This is the second complete year in which this position has been held continuously for the twelve months.

The most important matter in connection with medical inspection, was the adoption by your Council early in the year of a scheme for a School Clinic and the approval of that scheme by the Board of Education. By the end of the year the Clinic had been partially started. Particulars concerning it are given in the body of this report.

#### (a) THE SANITARY CONDITION OF THE SCHOOLS.

In Coventry there are 25 Public Elementary Schools, divided into 51 different departments; these schools give nominal accommodation for 16,582 scholars; 14 of the schools are Council Schools; the other 11 schools are Non-provided. There has been a continued tendency in recent years, for varying reasons, for the Non-provided schools to be discontinued; this cause, together with the fact of the enormous proportionate development of the City (there having been an increase of over 50 per cent. in the population between the last two censuses), has involved the Education Authority in great expense and considerable activity in building rapidly new schools in order to provide accommodation for the school children.

A cursory visit to the Coventry schools is sufficient to indicate the fact that the most undesirable of the buildings are among

the Non-provided schools. I have been led to understand that two or three of the least desirable of these will cease to be used when sufficient accommodation for the children can be found elsewhere.

It follows from the above considerations that the large proportion of the children are housed in school buildings built in comparatively recent years, and on modern approved principles. As a rule these schools are large, airy, well-lighted and well-ventilated.

During the year two large new schools were completed and opened, the Broad Street School and the Cheylesmore School; the former is a two storey building, built on what is now known as the "Staffordshire type" of school; *i.e.*, there is no central hall; each classroom is so arranged that there are openable windows on two opposite sides of the room; the windows are sash windows, with a fixed hopper at the bottom of each; by this arrangement it is possible in any weather to have the windows open to some extent on both sides without creating draughts; I have visited this school many times during the year, and have never found a classroom stuffy; experiments made with smoke in rooms ventilated in this way have shown that the air can be changed quite readily several times during the course of an hour.

The latter of the above-mentioned schools, Cheylesmore, is built on the central hall plan, very similar to the John Gulson School. The newer schools are being provided with a special room for medical inspection. This is a great convenience for this purpose. It avoids the necessity of disturbance to the Head Teachers caused by using their private rooms (many of which are too small or inconvenient), or the clearing of a classroom for the purpose.

Besides the new schools it has to be mentioned that recently extensive additions have been made to the Earlsdon School and to the Radford School; others are in progress at the Stoke Council School.

Since my appointment as Medical Officer to the Education Committee I have made a practice of making a full report concerning the sanitary state of a few schools each year; it follows that at this date all the schools have been examined and reported on, many of them on two or more occasions. It has therefore been possible to see the alterations which have been made

as a result of those reports. It is satisfactory to notice that in some of the most unpromising buildings, the most common defect pointed out, the absence of sufficient openable windows, has been considerably corrected.

These reports on the sanitary state of the schools I make myself in conjunction with one of the Sanitary Inspectors, who is certificated by the Royal Sanitary Institute in the matter of School Hygiene.

During 1911 the following schools have been examined and reported on : Earlsdon, Radford, South Street, Wheatley Street, Broad Street, and Stoke National School.

All the schools with the exception of the small Stoke National School are provided with water closets. Also the public supply is laid on at each.

#### (b) ARRANGEMENTS FOR MEDICAL INSPECTION.

##### *Co-relation of the Services.*

The School Medical Officer being Medical Officer of Health, and the Assistant School Medical Officer being also Assistant Medical Officer of Health, there is intimate co-relation between the two services. Home visits concerning infectious disease in the schools are paid by the Health Visitors, who are appointed by the Sanitary Committee, and the Chief Sanitary Inspector is also School Attendance Officer so far as regards Canal Boats. An Assistant Inspector visits schools regarding their sanitary condition.

Insanitary conditions in the homes discovered by the School Nurses are referred by a card system to the Health Department, and clothing and bedding removed for disinfection, when necessary, by that Department.

##### *Method of Inspection.*

On deciding to inspect a school a letter is sent to the Head Teacher, together with a suitable form, asking for the names and addresses of children born in certain years (viz., the enterers and leavers). When these lists are returned to the Office they are compared with the official cards and the names of any children previously examined are noted. A Nurse then visits the school and makes the necessary arrangements. Invitations to the parents of the girls and infants to attend the examination are made out at the Office, and distributed by the Head Teachers.



During the latter part of the year it was found advisable to allow a School Nurse to carry out some of the preliminary part of the medical inspection (such as weighing and measuring the children) on the day previous to the visit of the Assistant Medical Officer; by this arrangement an economy of time was effected.

#### *Attendance of Parents.*

During 1911 about 15 per cent. of the parents accepted the invitation to attend at the examination of their children.

Concerning the methods of inspection, etc., Dr. Cates reports as follows :—

#### *Medical Examination.*

“ The extent of the examination is that usually adopted; the front of the chest is exposed, and also the back in those cases where the examination suggests that such a procedure is necessary.

When a more complete examination than is possible in a classroom or teacher's room is found necessary, the parent is given an appointment at the Education Offices, the Assistant Medical Officer's room being used for the re-inspection.

None of the older children objected to examination and very few of the infants. The parents, generally, wish their children to be examined, and often send messages asking for the examination of other members of the family.

#### *Centres for Medical Inspection.*

The same centres have been used as in the previous year. A classroom or Head Teacher's room, whichever was more convenient, being taken for the purpose of inspection. Unfortunately there is usually no accommodation for the parents who choose to attend.

Each centre is provided with a weighing machine and height measurer.

In the case of certain schools where there was neither a private Head Teacher's room nor a convenient classroom, the sanction of the Board of Education has been previously obtained to the examination of the children being conducted at the central offices; these schools now are St. Michael's, Holy Trinity, St.

Mark's, and St. Mary's; two other schools formerly included in this list, Union Street Mixed and King Street Girls, have ceased to be used as schools; the number of children to be systematically examined at the office is therefore decreasing.

*Co-operation of Teachers.*

The teachers, generally, wish to afford every assistance at the time of the inspection, and many of them are enthusiastic in the work. Some of the Head Teachers are members of the Care Committees and thereby take a part in following up the defects found in the children."

(c) EXTENT AND SCOPE OF MEDICAL INSPECTION.

(1) " The following table shows the number of visits paid by the Assistant Medical Officer and the School Nurses to the various schools and departments during the year :—

Schools.				Assistant Medical Officer.	School Nurses.
Red Lane Boys	..	..	..	5	9
„ Girls	..	..	..	5	10
„ Infants	..	..	..	7	13
St. Peter's Senior	..	..	..	2	2
„ Infants	..	..	..	3	3
Little Heath Senior	..	..	..	3	9
Edgewick Senior	..	..	..	4	11
„ Infants	..	..	..	6	9
St. Mark's Senior	..	..	..	3	6
„ Infants	..	..	..	2	8
Thomas Street	..	..	..	3	7
John Gulson Boys	..	..	..	8	4
„ Girls	..	..	..	8	12
„ Infants	..	..	..	10	13
Fredk. Bird Senior	..	..	..	9	14
„ Infants	..	..	..	11	12
Holy Trinity Boys	..	..	..	3	1
„ Girls	..	..	..	5	5
„ Infants	..	..	..	5	2
Radford Mixed	..	..	..	4	14
Wheatley Street Boys	..	..	..	4	12
„ Girls	..	..	..	7	21
„ Infants	..	..	..	8	17
„ Special	..	..	..	6	8
All Saints' Senior	..	..	..	2	8
„ Infants	..	..	..	2	9
St. Osburg's Senior	..	..	..	2	9
„ Infants	..	..	..	3	11
Earlsdon Senior	..	..	..	6	11
„ Infants	..	..	..	11	19
St. Mary's Senior	..	..	..	3	6
„ Infants	..	..	..	2	1
Spon Street Boys	..	..	..	4	16
„ Girls	..	..	..	5	19
„ Infants	..	..	..	6	18
South Street Boys	..	..	..	2	5
„ Girls	..	..	..	2	7
„ Infants	..	..	..	6	8
Barrs' Hill	..	..	..	1	—
Stoke Council Mixed	..	..	..	8	15
St. Michael's Boys	..	..	..	2	3
„ Girls	..	..	..	2	8
„ Infants	..	..	..	4	8
Kingfields	..	..	..	3	1
Paradise	..	..	..	4	13
Union Street Senior	..	..	..	3	4
„ Infants	..	..	..	3	4
St. John's	..	..	..	4	21
King Street	..	..	..	3	2
Stoke National	..	..	..	3	4
Broad Street Boys	..	..	..	7	9
„ Girls	..	..	..	10	16
„ Special	..	..	..	34	—
Cheylesmore Boys	..	..	..	4	6
„ Girls	..	..	..	4	7
„ Infants	..	..	..	5	8
				291	500



(2) The children were selected for systematic examination on the following plan.

(a) Those born during 1897-1898; this includes children from 13 to 14, and a certain number from 12 to 13, in other words the "leavers."

(b) Those born during 1905-1906; this includes children from 5 to 6 and a certain number from 6 to 7, that is the "enterers."

(c) All the children in the Special School.

Besides the systematic examination of the enterers and leavers it has been customary before completing the inspection of each school briefly to examine every child in the school not included in the above scheme. By this procedure a considerable amount of obvious disease and neglect (squint, enlarged tonsils, mouth breathing, &c.), which might otherwise have remained undiscovered until the children reached the age for systematic examination (*i.e.*, 12-14 years) has been brought to the notice of the parents.

At the Office a large number of children referred by the Secretary of the Education Committee, by the Head Teachers, or selected during medical inspection, have been examined with regard to fitness to attend school, freedom from infection, &c. In this respect considerable assistance has been derived from the Attendance Forms collected each week by the Attendance Officers.

(3) (a) The total number of children *systematically* examined was 3,338.

(b) The total number of children medically inspected for obvious defects (*class to class examination*) was 14,019.

(c) The total number of children examined at the Office with regard to fitness to attend school, re-examination after defects had been dealt with, &c., was 1,161.

Below is a table showing the age and sex distribution of the children systematically examined.

## AGE AND SEX DISTRIBUTION.

	Boys.	Girls.	Totals.
Born in 1906	584	512	1096
„ 1905	334	341	675
„ 1904	5	2	7
„ 1903	2	2	4
„ 1902	0	1	1
„ 1901	3	0	3
„ 1900	1	2	3
„ 1899	246	353	599
„ 1898	496	444	940
„ 1897	6	2	8
„ 1896	1	1	2
	1678	1660	3338

The following table shows a classification of the causes for examination of children, scholarship candidates, teachers, &c., at the Education Office. This branch of work has increased.

Reason for Examination.	Total seen.
Ringworm cases ... ..	772
Itch cases ... ..	29
Referred by School Attendance Department ... ..	95
Referred by Head Teachers ... ..	99
Referred by Care Committee ... ..	54
Pupil Teachers for Medical Certificate ... ..	9
Scholarship Candidates ... ..	84
Referred for further examination ... ..	112
	1254

(4) The following children have been referred for further examination :—

(a) All children suffering from defects which were notified to the parents. Owing to the amount of work entailed it has been possible to re-examine only a small percentage of this group, but a large number of them have been “followed up” during the year; details of this branch of the work are given later in this report.

(b) Certain selected children, where the need for following up appeared urgent; 85 cases were followed up; this group included children showing signs of neglect, &c.

(c) Cases of contagious disease, ringworm, itch, &c. Under this heading 298 children were re-examined on several occasions or until they were fit to be re-admitted into school.

(d) Children needing more complete examination than it was possible to carry out in the schools, 112; these have been re-examined at the Education Office.

(e) Children previously examined for mental defect or backwardness, 84.

(5) Classification of defects notified:—

This naturally falls under two headings:—

(a) Defects found at the systematic examination.

(b) Defects found at the class to class inspection of all the scholars in each school.

Defects.	Letters sent.	
	Systematic Examination.	Class to Class Examination.
Head verminous .. .. .	450	1868
Head scurfy .. .. .	..	1
Body dirty .. .. .	1	1
Body or Clothing verminous .. .	8	..
Decayed teeth .. .. .	281	90
Overcrowded teeth .. .. .	69	58
Enlarged tonsils, mouth breathing .. .	145	345
Enlarged glands in neck .. .. .	5	2
External eye diseases .. .. .	30	136
Squint .. .. .	55	123
Defective vision .. .. .	168	31
External ear diseases .. .. .	10	34
Defective hearing .. .. .	3	5
Infectious Disease:—		
Ringworm .. .. .	22	99
Other diseases .. .. .	1	..
Skin diseases .. .. .	5	1
Scalp diseases, other than Ringworm .. .	2	9
Diseases of jaw .. .. .	1	1
Hare lip and cleft palate .. .. .	..	1
Unsuitable or broken walking apparatus .. .	..	4
Need of surgical boot .. .. .	..	2
Unsuitable spectacles .. .. .	14	81
Diseases of spine, &c. .. .. .	2	..
Miscellaneous .. .. .	9	40
	1281	2932

(6) The average time taken up by the examination of each child was about seven minutes, and about four minutes where the preliminary stages had first been carried out by a Nurse.”



## SUMMARY OF DEFECTS FOUND AT SYSTEMATIC EXAMINATION.

				<i>Cases.</i>
Neglected Clothing and Footgear	..	..	..	411
Defective Nutrition	..	..	..	168
Head Verminous	..	..	..	1260
Head Scurfy	..	..	..	4
Body Dirty	..	..	..	216
Body or Clothing Verminous	..	..	..	24
Body Flea-bitten	..	..	..	140
Decayed Teeth	..	..	..	2914
Overcrowded Teeth	..	..	..	116
Enlarged Tonsils, Mouth Breathing	..	..	..	303
Enlarged Glands in Neck	..	..	..	388
External Eye Diseases	..	..	..	60
Squint	..	..	..	73
Defective Eyesight	..	..	..	168
External Ear Diseases	..	..	..	10
Defective Hearing	..	..	..	7
Defective Speech	..	..	..	..
Anæmia	..	..	..	11
Lung Diseases	..	..	..	45
Infectious Diseases ;—				
Ringworm	..	..	..	22
Other Diseases	..	..	..	1
Skin Diseases	..	..	..	5
Deformed Chest	..	..	..	13
Pigeon Chest	..	..	..	24
Nasal Catarrh	..	..	..	56
Unsuitable Spectacles	..	..	..	14
Miscellaneous	..	..	..	14
				6467

## (d) FACTS DISCLOSED BY MEDICAL INSPECTION;

Under this heading Dr. Cates reports as follows :—

“(1) *Heights and Weights.*

The following tables show the average heights and weights of all the children systematically examined during the year :—

## HEIGHTS.

Age last birthday. Years.	BOYS.			GIRLS.		
	No. measured.	Average height.		No. measured.	Average height.	
		Inches.	Centi-metres.		Inches.	Centi-metres.
5	584	41 $\frac{1}{6}$	104·39	512	40 $\frac{1}{2}$	103·89
6	334	42 $\frac{3}{4}$	108·46	341	42 $\frac{1}{4}$	107·19
7	5	44	111·76	2	42 $\frac{3}{4}$	108·46
8	2	46 $\frac{3}{4}$	118·62	2	47 $\frac{3}{4}$	121·16
9	..	..	..	1	47 $\frac{1}{2}$	120·65
10	3	48	121·92	..	..	..
11	1	56	142·24	2	50	127·00
12	246	54 $\frac{5}{12}$	138·18	353	55 $\frac{1}{8}$	139·95
13	496	56 $\frac{1}{12}$	142·24	444	57 $\frac{1}{4}$	145·29
14	6	56 $\frac{1}{12}$	142·24	2	59	149·86
15	1	53 $\frac{1}{2}$	135·89	1	56	142·24
	1678			1660		

## WEIGHTS.

Age last birthday. Years.	BOYS.			GIRLS.		
	No. weighed.	Average weight.		No. weighed.	Average weight.	
		Lbs Ozs.	Kilo-grams.		Lbs. Ozs.	Kilo-grams.
5	584	38 12	17 56	512	37 8	17·02
6	334	41 3	18·64	341	39 7	17·87
7	5	42 12	19·37	2	40 0	18·14
8	2	48 0	21·77	2	46 8	21·09
9	..	..	..	1	47 0	21·32
10	3	52 10	23·86	..	..	..
11	1	66 0	29·94	2	53 8	24·27
12	246	70 15	32·16	353	74 0	33·56
13	496	73 5	33·25	444	78 8	35·61
14	6	78 0	35·38	2	93 0	42·18
15	1	67 0	30·40	1	94 0	42·63
	1678			1660		

The children are weighed and measured in their indoor clothing without boots or shoes.

In calculating the average weights a small error is bound to arise from the varying amount of clothing worn by the children.

(2) *Nutrition.*

The subject of defective nutrition is an important one, involving many considerations; the causes are generally complex

and in some cases extremely obscure. During the past year some attention has been given to the question, and a report concerning certain selected children, who were sent by the Care Committee into the country for short periods, was presented by the Assistant Medical Officer. Generally speaking, the children are well nourished.

### (3) *Clothing and Footgear.*

The state of the clothing and footgear found among the children was rather less satisfactory than in the previous year. The ill-nourished children were by no means always badly clad, some of the poorly clothed are well nourished.

Cases of neglected clothing and footgear were referred to the Care Committee, and several of the children were provided with boots, after the Head Teachers had recommended them to a voluntary local Boot Fund.

There is, among the parents generally, a lack of knowledge concerning the hygienic value of clothing; as many children are over-loaded with clothing as are under-clothed.

NEGLECTED CLOTHING AND FOOTGEAR.

	No. Examined.	Neglected Clothing and Footgear.	Per Cent.
Boys: Infants .. .. .	925	118	12·7
Seniors .. .. .	753	135	17·9
All Boys .. .. .	1678	253	15·0
Girls: Infants .. .. .	857	96	11·2
Seniors .. .. .	803	62	7·7
All Girls .. .. .	1660	158	9·5
All Boys and Girls .. .. .	3338	411	12·3

### (4) *Cleanliness.*

During the past year an organised attempt has been made to deal with the question of uncleanly conditions of the head found among the children.

There can be no doubt that a child whose head or body is usually in a verminous state, acts as a focus of infection as regards the other children.



The worst cases have therefore been excluded from school for a week, under Article 57 of the Code, and when still unclean at the end of that period, again excluded. The parents of a certain number of the most stubborn cases have been prosecuted under the byelaws for non-attendance, and fines have been imposed.

The following table shows the percentage of the average number attending school, excluded from each Department, on the first inspection of each school.

Percentage of children (calculated on the average attendance) excluded from school for uncleanliness, at the first inspection of each school during the year :—

School.	Per-centage.	School.	Per-centage.	School.	Per-centage.
<i>Broad Street.</i>		<i>Red Lane.</i>		<i>Kingfields.</i>	
Boys	0.50	Boys	0.25	Infants	0.00
Girls	4.50	Girls	4.70		
		Infants	2.40	<i>St John's.</i>	
<i>Cheylesmore.</i>				Boys	0.42
Boys	0.00	<i>South Street.</i>		Girls & Inf'ts	8.90
Girls	12.80	Boys	0.21		
Infants	4.20	Girls	4.20	<i>St. Mark's.</i>	
<i>Earlsdon.</i>		Infants	1.80	Senior	0.80
Senior	1.40	<i>Spon Street.</i>		Infants	0.80
Infants	1.70	Boys	0.00	<i>St. Mary's.</i>	
<i>Edgewick.</i>		Girls	7.60	Senior	1.20
Senior	0.72	Infants	3.50	Infants	0.00
Infants	2.30			<i>St. Michael's.</i>	
<i>Frederick Bird.</i>		<i>Stoke Council.</i>		Boys	0.40
Senior	1.60	Mixed	2.10	Girls	3.50
Infants	0.87	<i>Wheatley Street.</i>		Infants	2.50
<i>John Gulson.</i>		Boys	0.00	<i>St Osburg's.</i>	
Boys	0.50	Girls	3.40	Senior	8.10
Girls	5.10	Infants	1.50	Infants	12.20
Infants	0.70	<i>All Saints.</i>		<i>St. Peter's.</i>	
<i>Little Heath.</i>		Senior	2.50	Boys	0.00
Senior	5.20	Infants	0.83	Inf'ts & Jun.	
<i>Paradise.</i>		<i>Holy Trinity.</i>		Girls	2.40
Infants	1.50	Boys	0.00		
<i>King Street.</i>		Girls	0.80	<i>Stoke National.</i>	
Girls	0.50	Infants	0.00	Mixed	0.00
<i>Radford.</i>		<i>Wheatley Street.</i>		<i>Thomas Street.</i>	
Mixed	2.70	Special: Mixed	0.00	Infants	1.50

Some idea of the amount of work involved can be obtained from the following table, which shows the total number of

children excluded, the number of exclusions necessary in the various cases, and the number of children still under observation.

The work would have been impossible had not additional school nurses been appointed.

It is as yet too early to speak definitely concerning the result of the scheme.

Period of exclusion.	Number of children excluded.	Number clean at end of that period.	Number lost sight of.	Number sufficiently improved to return to school but kept under observation.	Number requiring a further period of exclusion.
1 week	362	63	5	101	193
2 weeks	193	52	6	69	66
3 weeks	66	13	2	20	31
4 weeks	31	10	2	9	10
5 weeks	10	1	0	6	3
6 weeks	3	0	0	2	1
7 weeks	1	0	0	1	0

As a result of this action the parents of 16 children have been prosecuted for not sending their children to school; of these, ten were fined 5s. and 4s. costs, and six were fined 2s. 6d. and 4s. costs.

The following table shows the percentage of those children systematically examined having unclean heads.

#### VERMINOUS HEADS.

Senior Boys .. .. .	12·8
Senior Girls .. .. .	59·5
Infant Boys .. .. .	24·0
Infant Girls .. .. .	52·8

The increase of the figures over those of previous years is apparent, and is due to a more rigorous standard being adopted.

The general improvement in cleanliness noted last year has been fully maintained.

#### (5) *Teeth.*

The following table shows the condition of the teeth of the children systematically examined :—

## TEETH.

	No. Examined.	Sound.		3 and under Decayed.		4 and over Decayed.	
		No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
Boys : Infants ..	925	101	10·9	207	22·3	617	66·7
Seniors ..	753	122	16·2	331	43·9	300	39·8
All Boys ..	1678	223	13·2	538	32·0	917	54·6
Girls : Infants ..	857	71	8·2	203	23·6	583	68·0
Seniors ..	803	130	16·1	349	43·4	324	40·3
All Girls ..	1660	201	12·1	552	33·2	907	54·6
All Boys and Girls	3338	424	12·7	1090	32·6	1824	54·6

(6) *Nose and Throat.*

Attention must again be drawn to the prevalence of nasal catarrh among the infants. This is due largely to the fact that a considerable number do not know how to blow the nose, and have not a handkerchief for the purpose.

*Tonsils.*

In 85 cases the enlargement of the tonsils was considerable; the parents were notified of the fact, and the cases followed up by members of the Care Committee.

*Mouth Breathing.*

Of the children examined 100 were mouth breathers to a considerable degree; this condition may arise from adenoids, but is often due to a slovenly habit of breathing.

(7) *Enlarged Glands.*

Enlargement of the lymphatic glands situated in the neck may be due to an unhealthy condition of the mouth or nose and throat; it was noted that in a considerable proportion of the Infants, enlarged glands were associated with nasal catarrh.

In 11·5 per cent. of the cases examined the enlargement was excessive.

(8) *External Eye Disease.*

Of the children systematically examined, 56 (1·6 per cent.) showed evidence of inflammation of the edges of the lids; this is



a minor ailment, which, as a rule, speedily responds to simple treatment.

Ten cases (0.2 per cent.) of serious disease of the eyes (ulcer, &c.) were found and placed under treatment, one being admitted into the Coventry and Warwickshire Hospital.

(9) *Squint and Defective Vision.*

The former was present in 73 cases (2.1 per cent.), and the latter in 168 (10.7 per cent.) of the Seniors examined.

(10) *Ear Disease.*

Of the children examined 10 (0.2 per cent.) were found to be suffering from discharging ears.

In 7 cases (0.2 per cent.) the hearing showed marked defect.

(11) *Defective Speech.*

Nine cases (0.2 per cent.) of defective speech were discovered; of these, six were instances of stammering; it should be possible to arrange for some special instruction for these children.

(12) *Heart Disease.*

Twenty-three cases of actual disease of the heart or valves were found, and 11 children were noted as being very anæmic.

(13) *Lung Disease.*

The diagnosis of pulmonary tuberculosis in children is notoriously difficult.

Fourteen children were suspected to be suffering from tubercular disease of the lungs, of these, three were sent into the country by the Care Committee, and on their return showed considerable improvement.

Two were sent to Winsley Sanatorium by the Sanitary Committee; some were given sanatorium treatment through the agency of the Charity Organisation Society, and the others were sent into the country by the Care Committee, or the Charity Organisation Society.

In 1.3 per cent. a considerable amount of bronchitis was present, and from among the worst of these cases children were selected for boarding out in the country. This was done by the Care Committee.

(14) *Deformities.*

Three cases of tubercular disease of the spine were discovered; each has undergone a period of treatment, and was fitted with a spinal jacket, through different agencies.

Two cases of tubercular disease of bones, other than the spine, were referred to the Charity Organisation Society and received satisfactory treatment.

Twelve cases of deformity, chiefly due to the results of infantile paralysis were brought to the notice of the parents. Several of these accepted the offer of surgical treatment in a Hospital.

Two cases of wry neck were discovered and successfully operated upon at the Coventry and Warwickshire Hospital.

(15) *Rickets.*

Thirty-seven children were noted as suffering from the bony signs of rickets; unfortunately by the time a child reaches school age, little can be done to remove the results of the disease.

(16) *Infectious disease.*

Several cases of infectious disease (22 in all), Scarlet Fever, Chicken Pox, and Mumps were found attending school; these were at once sent home.

*Ringworm (a) of the scalp.*

During 1911, 122 cases were discovered, as compared with 390 in the previous year. At the end of 1911, 183 children were excluded from school, as compared with 278 at the end of 1910; it would appear therefore that the steps which have been taken are diminishing the prevalence of the disease.

*(b) of the skin.*

During 1911, 32 cases were found in the schools, the number for 1910 being 92. It is interesting to note that this variety of the disease also shows a marked diminution.

Owing to the amount of attention given to the question, it is probable that the extent of the disease among the school children is at length known. The Teachers, generally, are quick to notify suspected cases, and the parents do not now regard the complaint as trivial.

*Scabies.*

Eighteen cases of Itch were found during the year, and

excluded from attendance. The treatment of this disease is simple, and there ought to be no difficulty in obtaining it.

*Impetigo.*

There has been very little of this disease among the school children during the past year.

(17) *Vaccination.*

Of the children examined, 58.9 per cent. of the senior boys, and 56.4 per cent. of the senior girls were unvaccinated, whilst among the infants the percentage was 29.2.

(e) HOME CIRCUMSTANCES.

Coventry at the present time is in a state of considerable industrial activity. Large areas of land are being rapidly cut up for building purposes, a dwelling-house at a rental of under 5s. a week is usually situated in a court in the most undesirable parts of the City; it is therefore not surprising that the majority of the cases of underfeeding and neglect come from the older and more crowded parts of the town."

(f) TREATMENT OF DEFECTS.

The agencies which exist in this City for meeting the medical requirements of school children have been set out in previous reports; they correspond probably with those which are usually available in towns of this size. They are (1) private medical practitioners charging private fees; (2) medical clubs and dispensaries, which provide medical treatment at small contract rates; (3) the Coventry and Warwickshire Hospital, which gives indoor and outdoor treatment for poor people; and (4) a staff of Poor Law medical officers, including a Poor Law Infirmary for the very poorest; there are also a limited number of qualified dentists, and a larger number of irregular practitioners who carry on dental work without being qualified.

In spite of all these agencies, however, it soon became apparent that certain of the most common of the defects among school children failed to be met adequately by any of these agencies. This fact led to the formation during the year of

*The Coventry School Clinic.*

The scheme adopted provides for Dental, Eye, and X-Ray Departments. A delay arose in its commencement owing to the difficulty in finding suitable premises. Ultimately it was found



possible to acquire on advantageous terms the King Street School, which ceased to be used as a school during the year; at the moment of writing, that school is being renovated, and fitted up for the Dental and X-Ray Departments, and also as a Cleansing Centre. It has been arranged to carry on the Eye Department at the room provided for medical inspection at the Cheylesmore School, which has been fitted up for this purpose. Also temporarily the Dentist is accommodated in this room, except on the one afternoon per week when the Oculist is at work.

*Dental Department.*

Mr. Graham Cotterell was appointed to the post of whole-time Dentist to the Clinic in October last, and commenced work on November 1st. His first two months were given up to systematically examining the teeth of the children in three selected schools; the results of those examinations are given below.

**Results of Dental Examinations in three selected schools, viz., Cheylesmore, Spon Street and Wheatley Street, November and December, 1911.**

	Number Examined.	Requiring no treatment.	Permanent teeth.		Temporary teeth.		Regula- tion Cases.
			Sound.	Defective.	Sound.	Defective.	
Boys (all ages)	1473	34	16290	3723	7221	5458	61
Girls     ,,	1324	56	15889	3851	5554	4442	60
Boys and Girls	2797	90	32179	7574	12775	9900	121

Percentage of defective Permanent Teeth     19·0  
                  ,,       ,,       ,,     Temporary Teeth     43·6  
                  ,,       ,,     perfect dentures             3·0  
97% of the children at all ages required attention.

On an average each child has 6·2 defective teeth (Temporary and Permanent).  
                  ,,       ,,       ,,     2·7       ,,     Permanent teeth.

## Condition of children recommended for Treatment.

		Number Examined	Requiring no treatment.	Permanent teeth.		Temporary teeth.	
				Sound.	Defective.	Sound.	Defective.
Age 6.	Boys	136	9	257	118	1638	824
	Girls	131	5	335	130	1330	945
Total		267	14	592	248	2968	1769
Age 7.	Boys	161	5	836	279	1376	953
	Girls	172	7	1010	335	1367	1002
Total		333	12	1846	614	2743	1955
Age 8.	Boys	186	...	1464	322	1052	1142
	Girls	168	...	1455	391	915	834
Total		354	...	2919	713	1967	1976

The most astonishing result of the examination, which, being conducted with the aid of a dental mirror, is necessarily more searching than the dental examination made in the ordinary medical examination of the children, is that only three per cent. of the children examined were found to possess teeth that required no attention at all.

Children aged six, seven, and eight, were thought to be the most favourable to begin with, and the parents of these children were communicated with by the following circular letter :—

Coventry Education Committee.

MEDICAL OFFICER'S DEPARTMENT,  
10A, HAY LANE, COVENTRY,

-----  
*To the Parent or Guardian of*  
-----

DEAR SIR OR MADAM,

DENTAL CLINIC.

I have to inform you that the School Dentist has examined the teeth of the above child, and reports that some of them need filling or other attention, in order to preserve them in an efficient condition. You should therefore consult a Dentist and have this done. If, however, for any reason you are not in a position to meet this expense, it will be done by the School Dentist, on a scale of charges indicated, if you fill up and return to me the accompanying form of application. An appointment will then be made for the child.

Should you desire to consult with the School Dentist on the matter, you may do so on any Monday morning at 9-30 at the Cheylesmore School, Medical Officer's Room (Boys' entrance).

I am,  
Yours faithfully,  
E. H. SNELL,  
*School Medical Officer.*

-----  
**The following appears to require to be done :—**

No. of temporary teeth requiring extraction .....

No. of permanent teeth requiring extraction .....

No. of temporary teeth requiring filling .....

No. of permanent teeth requiring filling .....

The maximum estimated cost will be .....



To be returned, when signed, to the School Medical Officer, 10a, Hay Lane, Coventry.

Coventry Education Committee.

DENTAL CLINIC.

I (insert name).....

the father or legal guardian of.....

residing at.....

attending.....School

hereby make application for <sup>his</sup><sub>her</sub> treatment at the Dental Clinic of the Education Committee.

I herewith agree to pay that proportion of the cost of treatment indicated in the scale subjoined as applicable to my circumstances, unless remitted by the Committee.†

Signed.....

Date.....191

†The Committee may on application remit part or all of the fee where in their opinion the circumstances of the Parent justify the same.

Class.	*Income of Standard Family †after deducting regular outgoings.				Charge per attendance.			
I. .. ..	Under 17s. 6d.	..	..	..	..	..	..	Nil.
II. .. ..	17s. 6d. and under 20s. 0d.	..	..	..	..	..	..	4d.
III. .. ..	20s. 0d. „ 22s. 6d.	..	..	..	..	..	..	8d.
IV. .. ..	22s. 6d. „ 25s. 0d.	..	..	..	..	..	..	1s. 0d.
V. .. ..	25s. 0d. „ 27s. 6d.	..	..	..	..	..	..	1s. 4d.
VI. .. ..	27s. 6d. and above .. ..	..	..	..	..	..	..	1s. 8d.

\*A Standard Family assumes five adults, each child over 14 years of age being regarded as an adult, and each child below that age being calculated as .75 of an adult.

†Such expenses as rent, payments to sick clubs, insurance, fares of wage-earners to and from work are assumed as regular outgoings.

Estimate .....

In practice the scale adopted has been found to be too complicated; parents naturally were reluctant to commit themselves to an amount of expense which was unknown to them. On this account, an estimate was marked on the letters; as most of the cases can be dealt with at one sitting, the usual estimate is 1s. 8d. as the maximum charge in each case. The Clinic Committee has, however, had their attention drawn to the complicated character of the scale, and it is proposed to revise it at an early date. Gas cases are relegated to special afternoons, when the Assistant Medical Officer attends.

*Eye Department.*

Dr. Harrison Butler was appointed Oculist to the Clinic. According to the estimate made of the number of children with errors of refraction, who would be likely to resort to the Clinic, these can be dealt with on one half day per week; Dr. Butler commenced his work in November last; at the end of the year appointments had been made for 21 children, and 15 of these had kept the appointments.

A similar scale is adopted here as in the case of the Dental Department; its difficulty is largely overcome, by now stating on the application form, a note to the effect that the maximum charge possible is 5s.

As with other medical defects, where treatment is advised, the parents are recommended to consult their medical attendants. Then, if these think their cases suitable for treatment at the Clinic, they can refer them there. The following letter was sent to each medical man practising in the City, together with a small supply of application forms for handing to their patients.

Medical Officer's Department,

10a, Hay Lane, Coventry,

November 22nd, 1911.

DEAR SIR,

*School Eye Clinic.*

Arrangements have now been made by the Education Committee whereby children suffering from defects of vision may be referred by their medical attendants to the School Eye Clinic.

It is not intended that this should be a free Clinic for all classes of children; it is intended that those parents who can

afford the actual cost involved shall pay this. Tentatively a scale of graduated payment (similar to that adopted by the London County Council) is to be tried.

As heretofore, the parents of children with defective sight will be referred to their medical attendants, and it will be open to the latter to refer the children to the Eye Clinic if they think that the children should see an Oculist.

I am enclosing some forms of reference to the Clinic; a form when signed by the medical practitioner, should be handed to the parent, who should forward it to me at this office. An appointment will then be made with the Oculist, and the parent informed when and where the child should attend.

The Oculist appointed is Mr. Harrison Butler. I may perhaps with advantage add that the children discovered with defective vision during the past two years, have been followed up by visits from members of the Children's Care Committee, and their enquiries have shown that many instances have occurred where parents have taken the advice as to consulting their own medical attendants, and that there the matter has ended. It may be observed that where the children find their way to Ophthalmic Surgeons, only a very small proportion are found not to require spectacles; in fact the standard of defect is high, only very defective visions being referred to medical men.

Yours faithfully,

E. H. SNELL,

School Medical Officer.



The following is the form of application used :—

Coventry Education Committee.

EYE CLINIC.

I (insert name).....  
the father or legal guardian of.....  
residing at.....  
attending.....School  
hereby make application for <sup>his</sup><sub>her</sub> treatment at the Eye Clinic of the Education  
Committee.

I herewith agree to pay that proportion of the cost of treatment indicated  
in the scale subjoined as applicable to my circumstances, unless remitted by the  
Committee.†

Signed.....

Date .....191

† The Committee may on application remit part or all of the fee where in their  
opinion the circumstances of the parent justify the same.

Class.	* Income of Standard Family † after deducting regular outgoings.								Charge per attendance.
I.	..	..	..	Under 17s. 6d.	..	..	..	..	Nil.
II.	..	..	..	17s. 6d. and under 20s. 0d.	..	..	..	..	4d.
III.	..	..	..	20s. 0d.	„	22s. 6d.	..	..	8d.
IV.	..	..	..	22s. 6d.	„	25s. 0d.	..	..	1s. 0d.
V.	..	..	..	25s. 0d.	„	27s. 6d.	..	..	1s. 4d.
VI.	..	..	..	27s. 6d. and above	..	..	..	..	1s. 8d.

\* A Standard Family assumes five adults, each child over 14 years of age being  
regarded as an adult, and each child below that age being calculated as 75 of an adult.

† Such expenses as rent, payments to sick clubs, insurance, fares of wage-earners to  
and from work are assumed as regular outgoings.

The outside cost would be 5/-.

Coventry Education Committee.

Recommendation of Medical Practitioner.

I herewith recommend the child.....  
for treatment at the Coventry School Eye Clinic.

.....  
Medical Practitioner.

*X-Ray Department.*

Owing to the delay before-mentioned in the matter of obtaining suitable premises, this Department was not in working order at the end of the year.

Messrs. J. Hall-Edwards and F. Emrys-Jones were appointed X-Ray Specialists in connection with this Department.

In framing the scheme for the Clinic, the question of having an Ear and Throat Department was discussed; the difficulty in providing premises suitable for operations prevented any recommendation being arrived at on this point.

*Special Ringworm Class.*

On August 28th, 1911, permission having been granted by the Board of Education, a special class for children suffering from ringworm of the scalp was opened at Broad Street School.

Forty children from 7 to 10 years of age were admitted; there has been no difficulty in filling the places of those discharged as cured, and although some of the children live over two miles from the school, the attendance has been very good.

A hot meal is provided for those who stay at the school during the dinner hour, at the cost of one penny or two pence.

There is separate cloak-room accommodation for the boys and girls; the clothes cannot overlap; each child has a numbered peg and desk; the rooms are scrubbed out once a week, and the desks washed with paraffin.

The school hours are 9-15 a.m. to 11-45 a.m., and 2-15 p.m. to 4-15 p.m. Treatment is carried out by a School Nurse, acting under the direction of the Medical Department. The routine adopted consists in frequent shaving of the affected area and the daily application of appropriate drugs. The heads are cleaned with methylated spirit or paraffin when necessary.

At the present date (February 27th, 1912), 30 cases have been discharged as cured, and so far none of these has shown a recurrence.

Owing to the persistence of the parents a considerable number of very chronic and extensive cases had to be taken into the class, and in 15 instances the whole head was affected; these cases have, without exception, responded well to treatment, but naturally raise the average duration of the period of treatment of all the cases.

Of the 40 children admitted at the opening of the school,  
 (A) 5 had suffered from ringworm for less than 3 months.

(B) 1 „ „ „ „ from 3 to 6 „

(C) 5 „ „ „ „ from 6 to 12 „

(D) 29 „ „ „ „ over 12 „

*Of Class A.*

3 were discharged after treatment for 8 weeks.

1 was „ „ „ „ 10 „

1 „ „ „ „ 14 „

*Of Class B.*

1 was discharged after treatment for 21 weeks.

*Of Class C.*

2 were discharged after treatment for 8 weeks.

1 was „ „ „ „ 21 „

1 „ „ „ „ 22 „

1 is still under treatment.

*Of Class D.*

1 was discharged after treatment for 9 weeks.

1 „ „ „ „ 10 „

3 were „ „ „ „ 11 „

2 „ „ „ „ 18 „

3 „ „ „ „ 19 „

2 „ „ „ „ 21 „

3 „ „ „ „ 24 „

14 are still under treatment.

It is probable that all the children discharged as cured could have been safely transferred to an ordinary school somewhat earlier, but it was felt that it was best to run no risk of a possible recurrence.

In counting the duration of treatment, no allowance has been made for the school holidays (in all about three weeks), because the children were expected to attend for treatment; the attendance, however, was somewhat irregular.

A microscopic examination of the hair is made on admission and before discharge. No instance of the infection having spread in the class or in the school has been discovered.

Three parents who objected to the shaving, withdrew their children, but two applied for re-admission, which was granted.

The cost of drugs, etc., has been about £7.



### *Cleansing Centre.*

On September 9th I presented to the Clinic Committee a report on the question of providing a Cleansing Centre; it was resolved to recommend the establishment of one, and this recommendation was adopted by the Education Committee and the Council. Two rooms at the King Street School are being fitted up for this purpose.

### *Work of the School Nurses.*

Up to September, 1911, the duties of School Nurse were carried out by Miss Elmhirst; in that month two additional Nurses—Miss Ralph and Miss Markham—were appointed, and a division of the work became necessary. Miss Elmhirst was given charge of the Ringworm Class at Broad Street School, Miss Ralph assisting at the medical inspection of the children, and Miss Markham chiefly giving her time to the work of the School Clinic.

Each Nurse, as opportunity offered, took part in following up cases of ringworm, suspected neglect, and children excluded from school.

Reports of insanitary conditions discovered in the homes were sent to the Health Department in 38 instances, and up to the end of the year action had been taken in 32 cases.

The following table is a classified list of the home visits made by the Nurses, and the reasons for and results of such visits :—

Reason for visit: to follow up a child suffering from	Condition at the time of visit; the child was found to be			
	Receiving appropriate treatment.	Not receiving treatment.	Moved or over school age, etc.	TOTAL.
Ringworm ... ..	67	82	21	170
Itch ... ..	9	2	3	14
Uncleanliness ... ..	91	5	6	102
Neglect ... ..	10	6	1	17
Lung Disease ... ..	8	4	0	12
Deformity ... ..	16	4	2	22
Enlarged Glands ... ..	2	3	0	5
Infectious Disease ... ..	104	5	15	124
Malnutrition ... ..	5	9	4	18
Sore Eyes ... ..	9	6	4	19
Other Defects ... ..	1	2	0	3

This procedure known as "following up" is probably one of the most important adjuncts of the medical inspection of school children. Without it we should be ignorant of the benefits arising from the inspection, and also of the ignorance or apathy of parents, which allows the advice regarding defects to be disregarded.

A very large amount of useful work under this heading has been carried out during the year by

*The Care Committee.*

The members of this Committee and its Branch Sub-Committees have not only paid a large number of visits to the parents of children with (1) defective eyesight, and (2) enlarged tonsils or adenoids; but they have been considerably successful in inducing parents to have these defects treated in cases where, except for these visits, the advice would have been neglected. At the same time I have to add that some of the members show by their enquiry cards that there exists in their minds some misapprehension as to the main reasons for their visits. "I have examined this child's eyes and find nothing the matter with them," is the type of return to which I here refer; since an oculist could not assert the absence of defect of vision by merely looking at the eyes, and without examining with a retinoscope, there is a clear misunderstanding on the question of function in these cases. Also unless the Visitor is in a position to explain some of the disadvantages of enlarged tonsils and adenoids, the visit is less useful than it might be.

For such reasons I have always thought that for purely medical defects the visits of a School Nurse are more appropriate than those of Voluntary Workers.

I find that this view is held by the Chief Medical Officer of the Board of Education, as is shown by the following extract from his Annual Report for 1910:—

It is not possible to lay down the exact duties which fall within the province of the voluntary worker or Care Committees or the exact nature of their work; indeed, these duties vary within somewhat wide limits in different areas. It is, however, of much importance that careful thought should be given to the character of the work assigned to such helpers. There is evidence that in some areas duties are expected of voluntary workers of a character and of a magnitude with which they are unable adequately to cope. When such is the case failure results, and discredit

is brought upon the Care Committee or the voluntary worker. Much depends on local conditions and on the personnel of the voluntary workers available, and schemes which result in failure in one area may work with conspicuous success in another. In the allotment of duties to be undertaken by voluntary workers it must be borne in mind that the services given are necessarily conditional and cannot usually be rendered with the precision which may rightly be demanded of an official. It is not reasonable to expect the same continuity in, nor probably the same businesslike method of dealing with the work, and indeed, if an attempt is made to impose "official methods" too strictly upon the voluntary helper, there will be some danger that the peculiar value of his work will be sacrificed. As suggested above, the special characteristics of the contribution made by the voluntary worker are too valuable to be imperilled by the addition to them of duties which require for their execution the qualities and training of an official.

As an illustration of this, in relation to the following up of medical inspection, there can be little doubt that in the case of uncleanness, especially of verminous conditions whether of the head, body, or clothing, the proper person to visit in the home, when such a course seems necessary, is not the voluntary worker but the School or District Nurse or Health Visitor, as the case may be. Further, the interviewing of the parents in regard to medical defects in the child is, speaking generally, preferably undertaken by a similar officer. The voluntary helper can thus concentrate on individual cases referred by the School Medical Officer, cases for whose complete "following up" the tapping of sources other than official may be essential. Thus in some instances frequent visits over a prolonged period to a home in the case of an ignorant and careless mother may be necessary; in others the aid of a voluntary helper may be required to take a child to the hospital when, as is frequently the case, the mother goes out to work; while in yet other cases financial help may be required to obtain the treatment ordered by the medical man, or a letter of recommendation for a visit to a convalescent home. In short, it may be said that the routine work of following up is preferably carried out by the officers of the Local Education Authority, the aid of the voluntary helper being called in for particular cases and for exceptional forms of assistance.

The work involved to Members of the Care Committee in this connection cannot be adequately set forth in tabular form. Many of the Members pay repeated visits to individual cases, with the object of inducing parents to take the advice tendered; also many of the cards relating both to first and second visits were still outstanding at the end of the year. So far as they are available, however, these figures are set forth below.

In my report for 1907 I detailed the results found on enquiry into 1,420 cases where eye defects had been pointed out to the



parents. The results were disappointing. There was no "following up" done then; the results now obtained are much more encouraging.

*Vision and Squint.*

Cases referred to Care Committee :—

(a) For first visit ...	507	}	814
(b) For second visit ...	307		

(a) *First Visits.*

Spectacles provided on, or on account of,

first visit ...	219
Advice sought, but spectacles not obtained	22
No advice sought ...	155

(b) *Second Visits.*

Spectacles provided on, or on account of,

second visit ...	51
Advice sought, but spectacles not obtained	27
No advice sought ..	34
Advice sought, but nothing further done	5

*Miscellaneous.*

Cases above school age, at work, etc.

(a) No advice sought ...	65
(b) Advice sought, nothing further done...	12
Left town, changed address, and unable to trace ...	115

*Enlarged Tonsils, etc.*

Cases referred to Care Committee ...	241
Tonsils removed ...	23
Advice sought, nothing further to be done	8
No advice sought ...	14
Over school age, at work ...	3

An important experiment was made by the Care Committee in the way of sending a number of ill-nourished children into the country to lodge at farm houses for limited periods during last summer. Concerning this the Assistant Medical Officer presented a report to that Committee, of which the following are extracts :—

"The Radford District Branch of the Children's Care Committee decided to make arrangements for sending into the

country, for a period of two or three weeks, such children attending the Elementary Schools in the Radford Area, as were found on medical inspection to be urgently in need of open-air treatment.

With the object of assisting in this scheme, and for the purpose of collecting some material for future reference, I undertook to make a special examination of the children before and after their holiday in the country.

The children were weighed and measured without their clothes, particular attention being given to the state of their nutrition and to their general demeanour.

At the invitation of Mrs. Gray, Honorary Secretary to the Radford Committee, I visited some farms and cottages in the Meriden district, and it was finally decided to send a certain number of selected children to . . . . . near Meriden Cross, and the remainder to . . . . . farm also near Meriden, and about six miles from Coventry.

Between June and August I examined and referred to the Committee 30 children who appeared greatly to be in need of open-air treatment. Of this number, seven, for various reasons, were not sent into the country, the parents in some cases being unwilling to let the children go; two were sent into the country, but I have not been able to examine them since return.

While living in the country the children are stated to have had—at 8-30 a.m., breakfast, consisting of tea, bread and butter, and porridge or bacon; at 11 a.m., a glass of milk; at 1 p.m., dinner, consisting of meat, potatoes, and milk pudding; at 5 p.m., tea, made up of tea, bread and butter, and cake; at 7 p.m., they received a glass of milk, with bread and butter, and then retired to bed.

This dietary is, on the whole, fairly satisfactory.

The bathing accommodation was naturally very primitive, and improvement is needed in this direction. The children spent the day roaming about in the fields, and although under little direct supervision their conduct was remarkably good.

The Honorary Secretary for the Radford Care Committee personally undertook the conveyance of the children to and from Meriden, and the thanks of the Committee are due to her for the great interest she has taken in the work. Unfortunately, owing to lack of funds, the work of the Committee was considerably hampered."

(Here followed particulars of the examination and weight of each child before and after the holiday. Speaking generally, this may be summed up by saying that most gained in weight, and all improved in health.)

“The number of cases dealt with will not permit of much detailed analysis; nevertheless I think sufficient evidence has been produced to show the value of the work done in sending the children into the country during the past summer.

It was only to be expected that an underfed, neglected child, living in an insanitary dwelling, would improve in health when well cared for in the country, but beyond the gain in weight and height shown by the children, there was in many cases a marked increase of mental activity.

The alert bearing and quick response of one who three or four weeks previously had been dull and listless and apathetic, was often remarkable.

In four instances a considerable amount of bronchitis was present, a condition not unusual in ill-nourished children, in each case there was no sign of the disease when the child returned from the country.”

A Juvenile Labour Bureau was established during the latter part of the year, and a Guild of Play has been started.

Mr. A. E. Robinson, the Superintendent Attendance Officer, has kindly furnished me with the following brief statement concerning the latter :—

#### “GUILD OF PLAY AND HAPPY EVENINGS FOR YOUNG PEOPLE.”

*(Girls only at present.)*

“The idea of the above is that, during the winter months a School Hall is made into a playground for poor children, in order that they may have healthy recreation rather than hang about kitchens, streets, or courts, during the dark evenings.

The children are provided with overalls and caps made of casement cloth, in which they are dressed as soon as they arrive. They imagine they have been changed into fairies !

The recreation takes the form of old English games, simple Morris dances, telling stories, and doll dressing.

At present there is only one centre, viz., Radford District, and supervised by Mrs. E. Kirkman Gray, Newfield, who has



obtained the voluntary co-operation of all the Radford Care Committee, and who have spent hours in teaching these poor children.

Next winter it is proposed to start at least three other Guilds of Play in Coventry.

At present the Play is held in John Gulson School Hall, and commences at 5-30 to 6-30 for the young children, ages 6 to 7, and from 6-30 to 7-30 for elder children, ages 8 to 12.

As time advances boys may be taken into the Scheme, and ultimately games will be organised at playground centres."

#### (g) INFECTIOUS DISEASE IN SCHOOLS.

The following table shows the number of notifications sent to the Health Department by the Head Teachers of the various schools. Under the Coventry Corporation Act of 1900, cases of infectious disease occurring among school children must be forthwith notified to the Medical Officer of Health. Stamped addressed forms are provided for this purpose by the Sanitary Committee.

## NOTIFICATIONS RECEIVED FROM SCHOOLS.

SCHOOL.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Ringworm.	Mumps.	Diphtheria.	Measles.	Skin Disease.	Itch.	Eye Disease.	TOTAL.
Broad Street, Boys ..	No Return										
„ Girls ..	..	..	1	..	..	..	..	..	..	..	1
Cheylesmore Boys ..	No Return		..	..	..	..	..	..	..	..	..
„ Girls ..	..	..	..	..	5	..	..	3	..	..	8
„ Infants ..	..	..	..	1	5	..	..	..	..	..	6
Earlsdon, Sen. ..	No Return										
„ Infants ..	No Return										
Edgewick, Sen. ..	No Return										
„ Infants ..	13	7	1	1	49	..	76	..	..	..	147
Little Heath ..	..	2	2	1	3	..	8	1	..	..	17
Paradise ..	10	31	3	2	5	3	82	1	..	..	137
Radford ..	7	4	..	2	..	1	41	..	..	..	55
Red Lane, Boys ..	..	..	2	..	..	1	3	1	..	..	7
„ Girls ..	..	1	3	..	..	..	2	..	..	..	6
„ Infants ..	..	10	3	2	..	..	33	..	..	..	48
South Street, Boys ..	..	3	11	6	5	..	6	..	..	..	31
„ Girls ..	..	1	8	1	..	1	..	..	3	..	14
„ Infants ..	..	..	3	3	..	..	..	..	..	..	6
Spon Street, Boys ..	No Return										
„ Girls ..	..	..	4	3	..	..	..	2	..	..	9
„ Infants ..	6	1	..	6	..	..	..	..	..	..	13
Stoke Council ..	..	..	1	..	..	..	..	..	..	..	1
Union Street, Mixed ..	..	1	2	3	..	..	..	..	..	..	6
„ Infants ..	3	..	2	..	..	..	26	..	..	..	31
Wheatley St., Boys ..	No Return										
„ Girls ..	..	..	10	..	..	..	..	..	..	..	10
„ Infants ..	18	6	..	..	3	..	20	..	..	..	47
Fredk. Bird, Sen. ..	..	..	..	2	..	..	..	..	..	..	2
„ Infants ..	30	..	4	8	..	..	22	..	..	..	64
John Gulson, Boys ..	..	..	..	..	..	..	1	..	..	..	1
„ Girls ..	..	1	1	..	..	..	..	..	..	..	2
„ Infants ..	11	4	4	1	5	1	35	..	..	..	61
Special School											
Wheatley Street	1	..	1	1	..	..	..	..	..	..	3
All Saints', Sen. ..	No Return										
„ Infants ..	4	5	1	..	..	..	25	..	..	..	35
King Street, Girls ..	..	1	7	..	..	..	8	..	..	..	16
Holy Trinity, Boys ..	..	..	13	1	1	..	1	..	..	..	16
„ Girls ..	..	1	5	..	2	..	..	..	..	..	8
„ Infants ..	3	16	19	..	16	2	33	..	..	..	89
King Fields ..	..	..	..	..	..	..	2	..	..	..	2
St. John's, Boys ..	..	..	4	..	..	..	13	..	..	..	17
„ Girls & Infants ..	..	..	1	..	..	..	13	..	..	..	14
St. Mark's, Sen. ..	..	..	3	..	..	..	..	..	..	..	3
„ Infants ..	..	1	..	..	..	..	..	..	..	..	1
St. Mary's, Sen. ..	..	..	..	1	..	..	..	..	..	..	1
„ Infants ..	..	..	..	1	..	1	..	..	..	..	2
St. Michael's, Boys ..	..	1	7	5	..	..	..	..	..	..	13
„ Girls ..	..	..	7	..	..	..	2	..	1	..	10
„ Infants ..	..	1	1	1	..	..	20	..	1	..	24
St. Osburg's, Sen. ..	..	16	5	1	4	..	3	..	..	2	31
„ Infants ..	..	..	1	..	..	..	14	..	..	..	15
St. Peter's, Boys ..	..	1	..	1	..	..	..	..	..	..	2
„ Girls & Infants ..	..	1	..	..	..	..	..	..	..	..	1
Stoke National ..	..	..	..	1	1	..	1	..	1	..	4
Thomas Street ..	6	..	10	5	4	..	23	..	..	..	48
Miss Flinn's School	..	..	..	..	..	..	24	..	..	..	24
Public Vaccinators*	..	..	..	..	..	..	..	..	..	..	..
TOTAL ..	112	116	150	60	108	10	537	8	6	2	1109

\* Under Section 4 of the Vaccination Act, 1898, Public Vaccinators are required to notify to the Medical Officer of Health whenever they postpone a vaccination on account of the condition of the home or the prevalence of infectious disease.

INFECTIOUS DISEASES.

Periods of Quarantine for those exposed to Infection and lengths of Isolation of those attacked.

Infectious disease.	Quarantine to be required after last exposure to infection.	Earliest date of return to school after an attack.
Small Pox .. ..	18 days	When all scabs have fallen off.
Chicken Pox .. ..	18 days	" " " " " "
Scarlet Fever .. ..	14 days	Variable, generally 6 or 7 weeks, sometimes longer.
Diphtheria .. ..	12 days	Very variable; a medical certificate of freedom from infection is desirable.
Measles .. ..	16 days	Three weeks.
Whooping Cough .. ..	21 days	When the cough has disappeared.
German Measles .. ..	16 days	About three weeks.
Mumps .. ..	24 days	Four weeks if all the swelling has subsided.

NOTE.—In the case of Small Pox, Chicken Pox, Scarlet Fever, and Diphtheria, all children from an infected home are excluded from school.

In the case of Measles, German Measles, and Whooping Cough, children from infected homes are allowed to go to school if they attend Senior Departments and have themselves had the disease before.

No schools were closed for infectious disease during the year. In the earlier months Measles was very prevalent in the schools; Scarlet Fever, Chicken Pox, and Mumps have also caused considerable loss of attendance.

The numbers of children who have been excluded for Ringworm, Itch, and uncleanness have been referred to under the various headings.

(h) MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN, ETC.

(1) *Mentally defective children.*

A Special School for this class of child exists at the rear of Wheatley Street School. At the end of the year there were 51 children on the register, and the average attendance during the year was 44.

This school is intended for children who, “not being imbecile and not being merely dull or backward, are, by reason of mental defect, incapable of receiving proper benefit from the instruction in an ordinary Public Elementary School, but are not incapable, by reason of such defect, of receiving benefit from instruction in a certified Special Class or School.”

During the year I have certified 24 children as fit for attendance at this school; and about 20 others have been examined and



considered not suitable or have been marked for further examination. I have paid several visits to the school. All the children are, once in each year, systematically examined by the Assistant Medical Officer.

Five children, after a period of probation in the school, have been found unsuitable, and were discharged; some of these cases are suitable for resident institutions.

Eight children, after longer or shorter periods of instruction, were found to be fitted for re-admission to an ordinary school.

The children examined with a view to their admission to this School are generally suggested by the Head Teachers, or are discovered on the systematic examinations in the schools. A number of children other than those above-mentioned were examined, with a view to their admission, and found either to be unsuitable, or they were marked for further examination at a later period.

(2) *Physically defective children.*

There is no special school in Coventry for children who are physically incapable of receiving instruction at an ordinary school; such children are therefore allowed to remain in the schools.

Three children of the above description were sent into the country and otherwise assisted by the Charity Organisation Society.

(3) *Blind, Deaf, and Epileptic Children.*

The following children were certified for various institutions during the year.

For Institutions for the Blind ...	... 2
------------------------------------	-------

The following cases were suitable for Institutional treatment, but for various reasons have not yet been dealt with :—

Cripple Home, 4; Convalescent Home, 2; Institution for the Blind, 1.

(i) PERSONAL HYGIENE, ETC.

So far the erection of an open-air school has not been decided upon; the matter, however, is at present under discussion.

At several of the outlying schools playground classes are held during the summer, an excellent idea, which is capable of considerable extension.

## (j) EDUCATION (PROVISION OF MEALS) ACT, 1906.

Some action has been taken locally under this Act since 1908. The extent has varied considerably from year to year corresponding with the fluctuations of employment.

A Canteen Committee has been appointed in connection with this work.

The following information concerning this matter has been obtained from copies of the official returns made to the Board of Education, kindly supplied to me by the Secretary of the Education Committee.

The total number of children who were fed during the year 1911 was 194; the number receiving meals at one time varied from 31 to 78. In the case of 58 of these they were receiving meals for one month or less; 59 for more than one but less than two months; 40 for more than two but less than three months; and in 37 instances for more than three months.

In all 8,002 meals were provided, 7,855 being breakfasts, and 147 dinners.

The meals are provided at four schools, forming centres for groups of schools. The breakfasts consist of half a pint of cocoa and one 6oz. roll (plain roll with butter or jam, or currant roll on alternate days) per child. For the dinners there is no special dietary. The meals given are prepared as part of the Cookery instruction at the Centre attached to the School.

The meals are served by the Caretakers of the Schools, and have been supervised by the Committee's Investigation Officer, supplemented by occasional visits from members of the Canteen Committee.

The returns made state that the provision of meals in this way has led to a distinct improvement in the ability of the children to take advantage of the education provided for them, and that there has been a distinct improvement in the conduct and manners of the children for whom meals have been provided.

The Board of Education has expressed a desire that in those areas where the powers of this Act are employed, the School Medical Officer should include in his annual report some account of the work done.

## (k) MISCELLANEOUS.

Ninety-three teachers, pupil teachers, and scholarship candidates were examined during the year.

The additional clerical work involved by the establishment of a school clinic necessitated the appointment of a second clerk, Mr. Waters being selected for the post.

The total number of letters and notices sent out in connection with this work during the year was 6,773.



## PART III.

General Sanitary Administration.









*“Berthon” huts in use at City Hospital.*

### **The City and Pinley Isolation Hospitals.**

During the year the City Hospital has been used for the isolation of Scarlet and Typhoid Fever patients, and the Pinley (Small Pox) Hospital has received one patient.

At the City Hospital 876 patients have been under treatment; 108 patients were remaining in at the beginning of the year, and 736 were admitted during the year; of this latter number 10 were sick staff, and the remaining 726 were patients actually admitted. The whole of these were from the City of Coventry.

As in the two previous years the City Hospital has been too small to admit all of the patients suffering from Scarlet Fever who sought admission, and by arrangement with the Foleshill Rural District Council 214 patients, suffering from Scarlet Fever, have been admitted to their Isolation Hospital at Exhall. The expense entailed to the Corporation by this arrangement is given subsequently. Of the 214 patients sent to the Exhall Hospital, 3 died, giving a fatality of 1.4 per cent.

The adjoining table sets out the particulars of admission to, and discharges from, the City Hospital during the year.



DISEASE.	In Hospital Jan. 1, 1911.	Admitted during 1911.	Total	Recovered.	Died.	Remaining in Hospital Jan. 1, 1912.	Fatality per cent.
Scarlet Fever .. ..	104	736	840	725	15	100	1.78
„ „ Staff .. ..	..	1	1	1	..	..	..
Typhoid „ .. ..	4	15	19	19	..	..	5.0
„ „ Staff .. ..	..	1	1	..	1	..	
{ Pneumonia .. ..	..	1	1	1	..	..	..
{ Pulmonary Tuberculosis .. .. (Admitted as Typhoid Fever in each case.)	..	1	1	1	..	..	..
{ Tonsillitis .. ..	..	3	3	3	..	..	..
{ Varicella .. .. Admitted as Scarlet Fever in each case.)	..	1	1	1	..	..	..
Sick Staff— Various Illnesses .. ..	..	9	9	8	..	1	..
	108	768	876	759	16	101	1.8
	876			876			
PINLEY HOSPITAL—							
Pneumonia .. ..	..	1	1	1	..	..	..

The several parts of the Hospitals were open during the following lengths of time :—

City Hospital	North Pavilion	-	-	362 days.
	South „	-	-	361 „
	West „	-	-	344 „
	East „	-	-	348 „
	Iron Hospital	-	-	279 „
	Berthon Huts	-	-	365 „
Pinley Hospital	-	-	-	33 „

The average period of stay of those patients who were admitted during the year to the City Hospital was 48.7 days.



The maximum, average, and minimum numbers of patients in the two Hospitals were as under :—

	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
City Hospital	112	100.0	74
Pinley Hospital	—	—	—

The comparison of these figures with those of previous years is given below :—

Year.	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
1902	45	35.0	24
1903	49	15.9	3
1904	62	28.9	7
1905	65	36.5	16
1906	53	40.0	27
1907	53	31.1	15
1908	52	29.7	11
1909	88	61.0	34
1910	122	105.2	79
1911	112	100.0	74

The following figures represent the number of patients that have been admitted annually to your Hospitals since the opening of the City Hospital in 1874 :—

1874— 12	1884— 34	1894—355	1904—278
1875— 14	1885—101	1895—408	1905—269
1876— 22	1886—111	1896—313	1906—323
1877— 38	1887—158	1897—234	1907—256
1878— 54	1888—189	1898—283	1908—244
1879— 76	1889—210	1899—257	1909—500
1880— 90	1890— 83	*1900—610	1910—786
1881—156	1891— 91	*1901—405	1911—726
1882— 48	1892— 72	1902—246	
1883— 34	1893— 65	1903—211	

\*In these years the Pinley Hospital was for a time used as a Convalescent Scarlet Fever Hospital.

The current expenses of the City Hospital during the last financial year, ending March 31st, 1911, amounted to £3,740 1s. 5d.; those for the Pinley Hospital to £131 4s. 8d.

The character of these expenses is set out below :—

CITY HOSPITAL:—	£	s.	d.	PINLEY HOSPITAL:—	£	s.	d.
Acknowledgments ..	10	0		Fuel and Lighting ..	9	0	6
Rates, Taxes, & Insurances	171	10	8	Rates, Taxes, & Insurance	17	10	0
Repairs to Roads ..	4	16	4	Provisions .. ..	7	19	8
Alterations, Repairs, Furniture, etc. ..	445	11	8	Ironmongery, etc. ..	2	12	2
Tents .. ..	108	17	5	Repairs, etc. .. ..	1	4	4
Shrubs and Seeds ..	4	9	0	Telephone .. ..	11	0	0
Telephone .. ..	6	5	0	Seeds, etc. .. ..	4	4	0
Provisions .. ..	1132	8	8	Disinfectants .. ..	1	8	6
Drugs and Appliances ..	115	19	0	Wages of Staff .. ..	76	5	6
Drapery .. ..	57	17	7				
Fuel and Lighting ..	448	13	3				
Ironmongery, etc. ..	120	15	0				
Haulage and Carriage ..	6	4	11				
Disinfectants .. ..	18	16	5				
Stationery, Printing, and Advertising .. ..	39	19	6				
Operation Fees .. ..	21	0	0				
Medical Officer, Salary as Medical Attendant at Hospital .. ..	150	0	0				
Wages of Matron and Staff	880	7	0				
Matron, Disbursements ..	6	0	0				
	£3740	1	5		£131	4	8

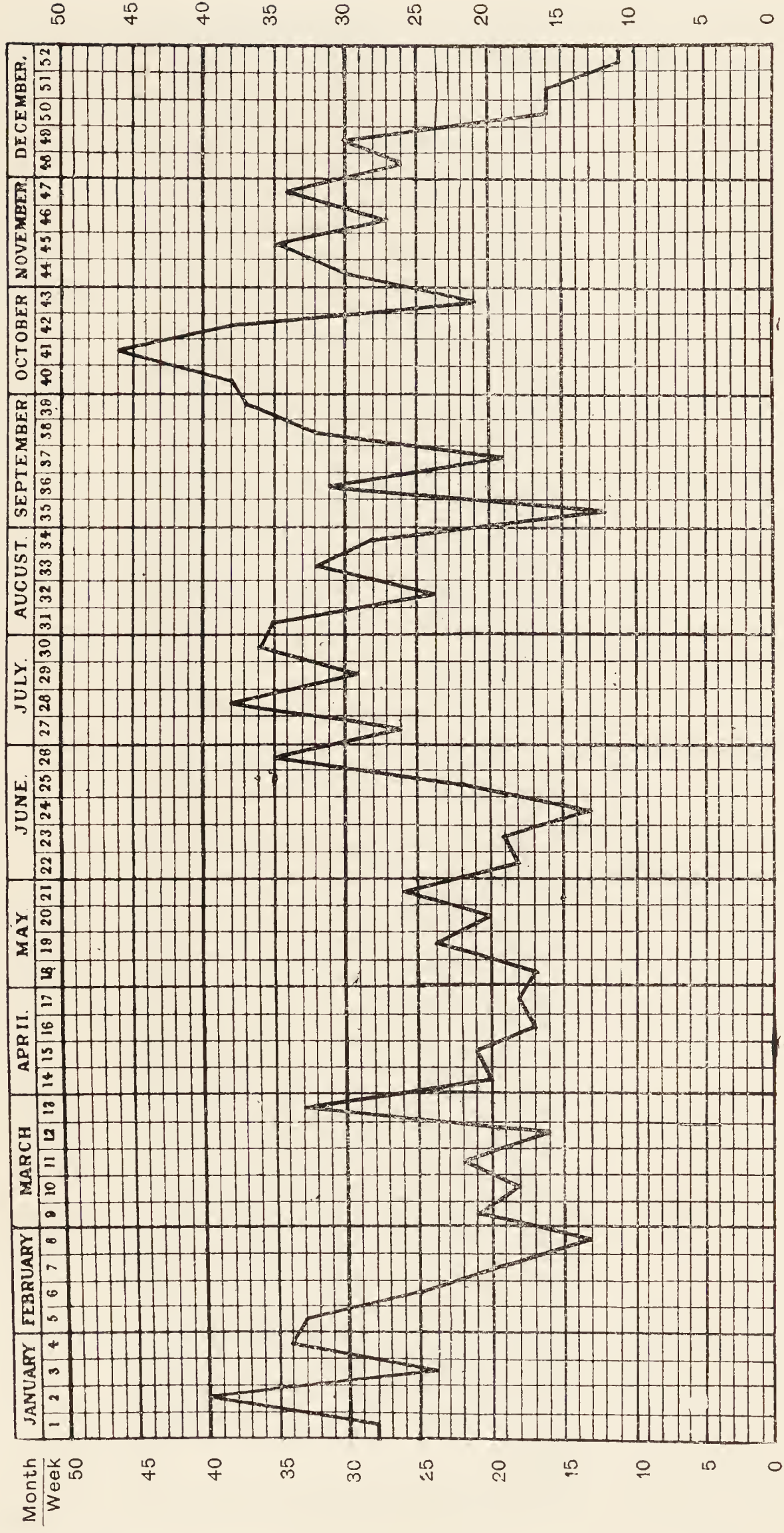
The current quarterly expenses of the two Hospitals in 1911 were as under :—

	City Hospital.	Pinley Hospital.
	£ s. d.	£ s. d.
1st Quarter -	803 13 4	9 0 0
2nd Quarter -	729 3 3	16 11 11
3rd Quarter -	493 14 2	17 6 3
4th Quarter -	618 12 3	7 13 4
	£2,645 3 0	£50 11 6

During the same time the sum of £96 10s. 6d. was received on account of the admission of patients to the City Hospital from outside districts.

For the City Hospital, the sum above stated for maintenance expenses, divided among the average number of patients, amounts to 13s. 4½d. per head per week.

# SCARLET FEVER, 1911.







The average sum expended per week during the year for diet amounted to £20 7s. 5d.; this divided among the average number of patients and boarded staff, comes to 3s. 2½d. each per week, or the cost of diet for each boarded person was 5½d. per day.

A further sum of £1,986 5s. od. was expended on the maintenance and medical treatment of the Coventry patients in the Exhall Hospital.

For the last three years the size of the Hospital has been too small to deal with all the cases of Scarlet Fever desiring admission.

In 1910, your Council approved of an extension of the Hospital, this extension to consist of a pavilion with four wards, together accommodating 40 patients, and the necessary extension of the administrative block. Last year the sanction of the Local Government Board was obtained to this extension, and the tender for this work has now been accepted.

Two " Berthon " huts, obtained at the end of 1910, accommodate six patients, and have been in use throughout the year. A photograph of these is reproduced in this report.

### **Disinfecting and Ambulance Station.**

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station :—

Visits paid to houses where infectious disease was suspected or notified—3,966.

Patients removed to the City Hospital—757.

Patient removed to the Pinley Hospital—1.

Patients removed to Exhall Hospital—214.

Houses disinfected by fumigation or spraying—1,647.

Steam disinfecting apparatus used 350 times.

Articles disinfected by steam—23,205.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out in nearly all notified cases of infectious disease.

In order to show how the work of this Station varies from year to year, I have made a summary of it for the past eleven years in tabular form.



Years.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.
Visits paid to Houses where Infectious Disease was suspected or notified .. ..	2859	1517	895	1093	1216	1333	1235	1311	2364	2808	3966
Patients removed to Hospital .. ..	404	246	210	236	241	295	229	235	591	890	972
Houses disinfected by fumigation or spraying .. ..	950	436	409	976	557	565	409	423	722	976	1647
Steam disinfecting apparatus used ..	293	287	217	255	249	270	260	270	325	300	350
Articles disinfected by steam .. ..	17111	12047	9250	10311	11580	15023	13235	13491	15132	18761	23205

Early in the year the Staff of this Department was re-organised, Mr. Emerson being appointed Disinfector, with Mr. Maton Assistant Disinfector and Ambulance attendant.

### **The Need of a Public Mortuary.**

On the 22nd December the sanction of the Local Government Board was received to the Council's application for a loan in connection with the provision of a Public Mortuary. Tenders are now to be invited for the building of this. The scheme adopted involves the erection, at an estimated cost of £2,150, of an appropriate building in the rear of the existing Fire Station, on the Pool Meadow. The buildings comprise a mortuary proper with accommodation for six bodies; this mortuary will be divided by partitions, each compartment being furnished with a viewing window; there will also be a properly appointed post-mortem room, with shell store, and isolation block, together with a waiting room and office, and necessary lavatory accommodation. The whole will be situated in an enclosed yard with a main entrance from the Pool Meadow, and a secondary entrance for administration and other purposes, from the Fire Station.

### **Pauperism.**

Mr. Evans, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject:—



Number of inmates of Workhouse at end of year 1911	534
Average number of inmates for previous five years ...	565
Number of persons who received outdoor relief in 1911	953
Average number of persons who received out-door relief in previous five years ... ..	787
	£ s. d.
Actual expenditure in out-door relief in 1911...	2,456 19 8 $\frac{1}{4}$
Average yearly expenditure in out-door relief in previous five years ... ..	2,593 4 10
Decrease on the average expenditure in out- door relief ... ..	136 7 1 $\frac{3}{4}$

### **Pauper Sickness.**

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all, 882 such cases have been returned. All cases of consumption indicated in these returns are visited, and also a small number of other cases. These returns afford an indication of the amount and locality of illness among the poorest.

### **Overcrowding.**

Thirty-one cases of overcrowding were dealt with during the year. The following are samples taken, without selection, to illustrate the kind of cases dealt with.

(1) The house contained one living room and one bedroom; the bedroom had a cubic capacity of 1,018 feet; and the house was occupied by a man, his wife, and four children of ages varying from 9 months to 8 years.

(2) The house contained one living room and one bedroom; the bedroom had a cubic capacity of 1,015 feet; and the house was occupied by a woman and six children, four being boys aged respectively 1, 2, 15 and 16, and two girls aged respectively 11 and 17 years.

### **Town Planning.**

My report for 1906 contained the following reference to this matter :—

“ In July last an important report was issued by the Housing Committee of the Corporation of Birmingham on this subject.

The Committee collected materials for that report by visiting various towns in Germany. In that country the powers possessed by different towns vary considerably; but, speaking generally, statutory powers are commonly possessed enabling municipalities to plan out those portions of their towns not already built on, and this irrespective of the ownership of the land concerned; in this way provision can be made for open spaces and squares; the roads can be so arranged that they are the most convenient for the expected traffic, broad roads being provided for the principal thoroughfares, and smaller ones where they form simply approaches to the contained houses; in this way, it follows that the land of some owners is increased in value, while that of others is depreciated; provision of varying character is made in different towns for making the necessary adjustments and compensations. Some towns in that country adopt the policy of buying up as much land as possible in and around their areas; in Ulm, for instance, four-fifths of the land belong to the municipality, and during the last five years that town, with a population of about 52,000, by a policy of buying and leasing land, has made a profit of a quarter of a million; the increased value of the land, owing to the increased activity of the town, in this way belongs to the town and not to private owners; municipalities there have a greater freedom than in this country in the matter of purchasing land without stating the object for which they require it, and without obtaining the sanction of a government department. In the case of Frankfort, the admirable results of town-planning can be well seen; stringent regulations have been in force for forty years, and plans have been prepared to deal with the likely extensions during the next hundred years. The streets can be made as wide or as narrow as the municipality desires, and, in fact, they vary from 33 feet to 198 feet in width.

The results obtained are in themselves sufficient argument in favour of a thorough consideration of the adoption of a similar policy in this country. Here, when an owner lays out an estate for building purposes, he has to follow certain stereotyped byelaws as to the width of the carriage-way and foot-ways, as to the gradients, and character of the surface, etc.; except for restrictions of this character, he can lay out his estate precisely as it pleases him, quite ignoring the fact that those streets and buildings are to form an integral part of the town; as a rule,

the main consideration which determines the lines of streets, is the crowding on to the estate of the largest number of houses which the present byelaws allow; so far as the private owner is concerned, the streets he constructs are simply convenient ways of access to the houses that he builds; their convenience to the whole community is lost sight of. It is certain that such a fortuitous method of allowing a town to grow is a long way from being the best.

The provision of open spaces and recreation grounds should be made beforehand after a careful consideration of the necessary requirements, and not, as now, left entirely to chance, or the munificence of some private donor; when they are not pre-planned their acquisition is generally thought impossible, on account of the high price which the land acquires when wanted for building purposes."

Three years after the date of that report the Housing and Town Planning Act was passed in 1909; and Regulations were issued by the Local Government Board under that Act in regard to schemes of town planning that might be made under the Act; the general tenour of the criticisms that have been made concerning those Regulations has been that they are much more complicated than is desirable. Several towns have, however, already adopted schemes under the Act. In no town is the adoption of a scheme more pressing than in this city, which is growing at a rate beyond that of any other town in the country. A cursory glance at the present map of the city will shew that all the new roads made are merely approaches to houses; each owner or syndicate of owners lays out his or their estate to accommodate the largest number of houses; the direction and the termination of the roads are in no way related to the direction and the termination of the roads on the adjoining estates. No new "artery" of approach to the City has been added for generations. In a short journey six or a dozen corners have to be negotiated where one should have sufficed. I am merely expressing a platitude when I say that it is excessively desirable that no time should be wasted in at once getting out a scheme for town planning which will deal with the whole of the area of the city and environs which are at present unbuilt on.



### Housing of the Working Classes Acts.

The following table summarizes the action which was taken under Part II. of this Act, and the results which followed :—

YEAR.	Condemned on Certificate of M.O.H.	Improved in consequence.	Closed.	Re-opened after Improve- ment.	Back-to-back Houses made through-venti- lated by the inclusion of 2 Houses in 1.
1891	62	9	6	...	18
1892	43	10	29	...	...
1893	36	8	33	...	10
1894	6	5	1	...	4
1895	15	5	1	...	6
1896	9	...	4	...	...
1897	2	...	2	...	...
1898	4	2	...	...	...
1899	31	12	12	...	6
1900	75	30	5	...	6
1901	42	39	15	5	...
1902	43	23	12	8	...
1903	34	21	7	1	4
1904	40	39	7	1	4
1905	58	3	8	11	8
1906	8	23	4	3	2
1907	9	4	12	3	...
1908	31	23	...	2	...
1909	40	12	24*	1	...
Total ...	588	268	182	35	68

\* 13 closed by Magistrates' Order. 11 Voluntarily closed.

### HOUSING AND TOWN PLANNING ACT, 1909.

The Housing and Town Planning Act, 1909, came into force during the year 1910. On September 2nd, 1910, the Local Government Board issued an Order relating to the systematic inspection of dwelling houses. This Order stated that the Medical Officer of Health, or some other officer acting under his direction and supervision, should prepare, from time to time, a list of dwelling houses, the early inspection of which, in the opinion of the Medical Officer of Health, appeared desirable. In conformity with the requirements of this Order, a list was prepared at the beginning of 1911, which at the present time comprises 467 houses.

The Special Housing Inspector made a systematic inspection in connection with 212 of these houses, and in 114 instances the houses were subsequently visited by a Sub-Committee appointed for this purpose. Your Committee considered that in 92 instances the houses were unfit for human habitation, and a Closing Order was made in each case. In one case your Committee considered that the conditions existing were not sufficient to justify the making of a Closing Order.

*Closing Orders.*—The Closing Orders referred to the following houses :—

Nos. 33, 34, 35, 36, Well Street.

Nos. 37, 38, 39, 40, 41, 42, 43, Grove Street.

Nos. 1 and 2 in court 7, Cox Street.

No. 7 in court 19, Gosford Street.

Nos. 1, 2, 3, 4, 5, 6, 7, in court 1, Cook Street.

Nos. 1, 2, 3, in 2 court, White Friars' Lane.

No. 1 in 2 court, Cox Street.

Nos. 1, 2, 3, in 8 court, Brewery Street.

Nos. 1, 2, 3, 4, in 7 court, Brewery Street.

Nos. 3, 4, 5, 6, 7, 8, in 8 court, Much Park Street.

No. 1 in court 44, Spon Street.

Nos. 9, 10, 11, 12, 13, in 4 court, Palmer Lane.

No. 2 in 5 court, Cox Street.

No. 2 in 40 court, Gosford Street.

Nos. 1, 2, 3, 4, 5, 6, 9, 10, 11 in 1 court, Hill Street.

Nos. 110, 111, 112, Spon Street.

Nos. 1, 2, 3, in court 3, Cook Street.

Nos. 1, 2, 3, 4, 5, 6, 7, 9, 10 in 10 court, Jordan Well.

Nos. 1, 2, 3, 4 in 22 court, Much Park Street.

No. 24 Cow Lane, and Nos. 1, 2, 3, 4, 5 in 3 court, Cow Lane.

No. 6 in 1 court, Junction Street.

\*No. 3, White Friars' Lane.

\*Nos. 2, 4, 5, 6, 7, 8 in 27 court, Much Park Street.

\*Nos. 5, 6, 7, 8 in court 17, Little Park Street.

*Closing Orders Rescinded.*—In five instances Closing Orders were revoked, the houses having been improved to the satisfaction of your Committee, viz. :—

\* In each of these cases, Closing Orders had been previously made under the Housing of the Working Classes Act, 1890.

No. 8 in 13 court, Spon Street.

No. 1 in 2 court, Cox Street.

No. 53, house at rear of No. 53 and No. 56, Grey Friar's Lane.

*Demolition Orders.*—In the case of three houses, Demolition Orders were made by your Committee, no steps having been taken by the owners to render the houses fit for human habitation, viz. :—

No. 3 in 10 court, Spon Street.

Nos. 6 and 7 in 2 court, Warwick Lane.

*Demolition.*—In seven cases houses have been demolished, viz. :—

No. 3 in 10 court, Spon Street.

Nos. 2, 4, 5, 6, 7, 8, in 27 court, Much Park Street.

*Proposals for Improvement of Houses.*—In forty-one instances, where Closing Orders had been made, proposals were submitted by the respective owners, for the improvement of the houses. In twenty-four cases these proposals were approved by your Committee; in the remaining seventeen instances the proposals were not approved.

*Sanitary Improvements in Progress.*—In nineteen cases, where Closing Orders had been made, sanitary improvements were in progress at the close of the year.

### **Housing and Town Planning Act, 1909.**

The following table summarises the action which was taken under this Act, and the results which have followed :—

Year.	Closing Orders made.	Houses Voluntarily closed.	Closing Orders rescinded.	Demolition Orders made.	Houses Demolished.
1910	24	..	..	1	2
1911	92	3	5	3	7
..	116	3	5	4	9

Some action has been taken by your Council in the way of providing house accommodation for poorer people. In 1908 you erected on a site in Narrow Lane 48 houses of five rooms each,



which have up till recently been let at 5s. 6d. per week, and also 22 tenements on the dual flat system of two rooms each in Short Street, which have been let at 4s. 3d. per week. The 48 houses in Narrow Lane were regarded as an experimental portion of a larger scheme. During 1911 your Council determined to complete the whole scheme, which means the erection of 136 more houses, 46 with four rooms and 90 with five rooms; these are to be let at 5s. 6d. and 6s. per week respectively, while the existing five-roomed houses are to be let at 6s. per week. Application was made to the Local Government Board for approval of the appropriation of the necessary area of land, and the total amount of £30,943, and it was also determined to proceed with this work in three sections, a portion of the site being provisionally appropriated for a Public Elementary School.

The tenants who are displaced by the action of the Sanitary Committee from unfit houses, generally in Courts, do not find their way into houses of this character, though obviously the provision of houses of this type may be calculated to render less desirable houses vacant for the use of those displaced. The demand for house accommodation in the last few years has, however, been so great in this city, and building operations have been so far behind catching up with the demand, that the provision of one or two hundred houses in this way does not make itself felt in the way of facilitating the removal of tenants displaced by the Sanitary Committee.

### House Accommodation.

On November 13th I reported on this question to your Sanitary Committee as follows:—

“ Since your last meeting the Health Department has made an enumeration of the unoccupied houses of the city; the following are the figures obtained, and also those of the previous year for comparison:—

	1911.	1910.
Houses of £20 per year and upwards ...	65	53
Houses of from 5s. 6d. to 7s. 6d. per week	17	50
Houses of from 2s. 6d. to 5s. per week.....	13	26
Houses under 2s. 6d. per week ...	0	0
	<hr/>	<hr/>
	95	129
	<hr/>	<hr/>

Although unoccupied at the date of enumeration, all the houses under £20 appeared to be let.

The above figures do not include 47 houses under 5s. per week, and 3 houses under 7s. 6d. per week, now unoccupied, but closed under the provisions of the Housing and Town Planning Act.

It will be seen that in spite of the enormously rapid building of houses that has recently occurred, the number of empty houses is still diminishing."

Your City Engineer has kindly furnished me with the following figures relating to the building operations for the past 11 years. The numbers are made up to November 30th in each year.

PLANS APPROVED.										
Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4	35	1536
								(including 2 Addit'ns)		
1908	1084	16	42	94	2	1	1	0	17	1257
1909	1030	40	54	111	1	1	0	2	4	1243
1910	1205	34	62	141	2	0	1	2	30	1477
1911	1386	40	62	147	8	0	0	2	5	1650
BUILDINGS COMPLETED.										
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2	0	746
								(Addit'ns)		
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	1010	48	20	32	2	0	0	1	18	1131
1908	1188	26	21	44	2	0	2	1*	7	1291
1909	1169	32	28	49	5	0	0	1	14	1298
1910	959	45	20	61	2	0	0	0	13	1103
1911	1211	39	46	66	4	1	0	4	19	1390
								(including one addition)		

\* Sunday School.

### **Registered Places.**

The questions that have arisen in connection with these, and the action which has been taken, are dealt with below :—

### **SLAUGHTER-HOUSES.**

At the beginning of the year there were 51 private slaughter-houses in use; no alteration in this number has taken place during the year; in 2 instances changes of occupancy have occurred; the 7 annual licenses have been renewed; and no new applications for fresh slaughterhouses have been received.

During the year 1,150 visits were paid to the slaughter-houses, and 19 contraventions observed; 4 notices were issued, and verbal requests made in other instances. The contraventions related to the following matters :—Cleansing and lime-washing of walls, 6; repairing and cleansing of floors, 3; slaughtering of animals outside slaughter-house, 1; cleansing and repairing of yard and approach to slaughter-house, 2; non-removal of offal and insufficient receptacles, 7.

Notifications were received from 54 butchers using 33 slaughter-houses, concerning the carcasses of 298 animals, viz. :—36 bullocks; 92 cows; 49 heifers; 9 calves; 79 sheep; 33 pigs; these had been found after slaughter to be diseased or unsound. The meat surrendered and destroyed in connection with these notifications amounted to 14,219 lbs., and was as follows :—Beef, 11,826 lbs. (of which 7,191 lbs. were tuberculous); veal, 180 lbs.; mutton, 956 lbs.; pork, 1,257 lbs. (of which 132 lbs. were tuberculous).

In addition to the above the following was surrendered from shops and stores, viz. :—83 rabbits; 171 lbs. of frozen beef; 87 lbs. of frozen liver; and 75 lbs. of unsound bacon.

It has not been found necessary to resort to magisterial proceedings during the past year.

### **THE QUESTION OF A PUBLIC ABATTOIR.**

This matter has been before a Sub-Committee of the Sanitary Committee for some time; that Sub-Committee recommended a scheme during the year on a provisionally chosen site; certain matters in connection with details have hindered the final recommendation being made to the Council. It may be hoped that a scheme will not be delayed much longer.



## DAIRIES, COWSHEDS, AND MILKSHOPS.

## COWSHEDS.

Number of cowkeepers on Register, December, 1910	18
„ „ „ „ „ 1911	17
„ „ cowkeepers who have ceased to keep cows during year ... ..	1
„ „ cowkeepers added to the Register ...	0
„ „ cowsheds in use, December, 1910 ...	33
„ „ „ discontinued during the year	1
„ „ notices received of intention to use buildings as cowsheds ... ..	0
„ „ cowsheds in use December, 1911 ...	32
„ „ visits during the year ... ..	118
„ „ contraventions observed ... ..	4

The contraventions related to accumulation of manure near cowsheds 1, and limewashing not carried out at the specified periods 3.

One undesirable cowshed has been discontinued owing to the occupier being unable to effect the necessary alterations to comply with the Regulations.

## MILKSHOPS.

Number of names on Register, December, 1910	334
„ „ „ added to Register during year	43
„ „ „ removed from Register during year ... ..	53
„ „ „ on Register, December, 1911	324
„ „ visits ... ..	349
„ „ contraventions observed ... ..	20

The contraventions related to :—

Milk stored in unsuitable places ... ..	8
Milk stores requiring limewashing ... ..	2
Milk sellers not registered ... ..	10

A plan was examined during the year for the erection of a large dairy and milk distributing dépôt, but the work was not in progress at the close of the year.

## TUBERCULOUS MILK.

The Milk Clauses of the Corporation Act, 1900, give the Corporation power to take samples of milk with a view to determining whether they are likely to cause tuberculosis or not, and if examination of them proves that there is a likelihood, we have power to examine the cows of a farm where the milk comes from, with the assistance of a Veterinary Surgeon, to ascertain, if possible, which cow is at fault. We have this power whether the farm is situated inside or outside the city.

Fifty-five such samples have been taken during the year; thirty-six were original samples of mixed milk from different purveyors; thirty-one of these were found to be free from tubercle bacilli, and five were found to contain tubercle bacilli. The other nineteen samples (also five others in 1912), were taken in following up and tracing the source of the tubercle in the contaminated milks or were samples from individual cows. The majority of the samples were from milks derived from dairies outside the city. The particulars of the following up of tuberculous samples were as follows:—

*Sample No. 6.* This was obtained on February 15th from a Coventry milkseller named A., shortly after it had been delivered by a farmer named B., of Allesley. On it being found that living tubercle bacilli were present in this sample, Mr. Clarke visited Allesley on March 11th, and ascertained that the farmer B. obtained milk from two other farmers, C. and D., of Allesley and Coundon, and that two cows had been removed from the dairies since the primary sample was obtained on February 15th. Six samples were obtained from the cows then in milk at the farms of B., C. and D., and the results showed that the milk was now non-tuberculous.

*Sample No. 20* was obtained on May 17th from a retail dairyman named A., residing at Bulkington, who sells 110 gallons of milk daily in the city to shopkeepers and private customers. On it being found that tubercle bacilli were present in this sample, Inspector Clarke, accompanied by Mr. Dale, Veterinary Inspector, visited Bulkington on June 23rd, and ascertained that a farmer named B., supplied eighty gallons of this milk, also that a farmer named C., supplied thirty gallons. Mr. Dale examined the udders of all the cows at the farms of B. and C.,

and found three cows with suspicious udders : separate samples of milk were taken from these individual cows, with the result that tubercle bacilli were found in the milk of a black cow at the farm of B. The farmer gave an undertaking to discontinue the use of the milk from this cow, but a control sample taken from this dairy on July 18th was found to contain tubercle bacilli. This farm was again visited on August 21st, and further samples obtained after the black cow had been removed, and these samples were found to be non-tuberculous. On September 23rd a letter was received from farmer B. to the effect that the black cow had been disposed of at Nuneaton Market.

Efforts were made to trace this cow, and after considerable correspondence it was found to be in the possession of a dealer at Sharnford, near Hinckley. The cow was not in milk, but the Inspector of the district was requested to be good enough to keep this cow under observation, and if disposed of, to inform Mr. Clarke of its ultimate destination. The Inspector of the Sharnford District promised to look into this matter, but Mr. Clarke has not received any reply to recent letters addressed to the Inspector concerning this cow, although stamped addressed envelopes were enclosed.

*Sample No. 21* was obtained on May 18th from a farmer of Binley. Later, the same day, the farmer came into Coventry and arranged with a butcher to send for a cow that was "not doing very well." The following day the butcher called Mr. Clarke's attention to this cow, and remarked that he would not have sent for it if the farmer had told him that the animal was in such a poor condition. The butcher said it was of no use to him and would leave it with Mr. Clarke to dispose of in any manner he thought fit. The cow was emaciated and obviously had extreme disease of the udder, this being three times the normal size. The cow was slaughtered and tuberculous lesions were found in the lungs, mesenteric glands, and udder. On June 19th a report was received to the effect that sample 21 contained living tubercle bacilli. On June 20th a control sample of mixed milk from the cows at this farm was found to be non-tuberculous.

Magisterial proceedings were subsequently instituted against this farmer for failing to notify that a cow in his possession exhibited signs of tuberculosis of the udder, as required by Section



45 of the Corporation Act, 1900, and, after a prolonged hearing, the defendant was fined £1, and costs £2 6s. 6d. Notice of appeal was given, but this was not proceeded with.

*Sample No. 41* was a sample of mixed milk from sixty-three cows obtained on October 19th from a farmer at Coombe. On it being found that this sample contained living tubercle bacilli, Mr. Clarke, accompanied by Mr. Dale, Veterinary Inspector, visited this farm on November 22nd, and after the udders of all the cows had been examined, samples were obtained from four cows having suspicious udders. The samples from these individual cows gave negative results, and the farm was again visited on January 9th, 1912, when it was found that a valuable cow that was in milk on October 19th had become unthrifty and had been disposed of to a knacker dealer for the sum of £1. Two control samples were then obtained from the whole herd, and these were found to be non-tuberculous.

*Sample No. 44* was obtained on October 25th from a Coventry milkseller named A. shortly after it had been delivered by a farmer named B. of Stoneleigh. On it being found that tubercle bacilli were present, Mr. Clarke, accompanied by Mr. Dale, Veterinary Inspector, visited Stoneleigh on November 27th, and, after the udders of all the cows had been examined, samples were obtained from two cows with suspicious udders. The samples from these individual cows were found to be non-tuberculous (and two further samples were obtained from the whole herd on February 1st, 1912. Both these samples were found to contain living tubercle bacilli).

On December 13th this farmer sold a fat dairy cow at Warwick Sale. This cow was purchased by a Coventry butcher for £23, and, on being slaughtered, the lungs, liver and abdominal organs were found to be affected with tuberculosis, and there was also a large suppurating abscess in the jaw. It is possible that this cow was in milk on October 25th, the date of the primary sample.

This dairy of cows was still under observation at the time of writing this report.

During the year, a dairyman, residing at Walsgrave, supplying milk within the City, was cautioned by the Sanitary Committee for failing to notify that he had in his possession a cow which exhibited signs of tuberculosis of the udder.

We have now had sufficient experience in this city with the following-up of the after-history of cows with tuberculous udders to have found out that this is often a difficult process. The cow may be sold in any district at any distance ; if it is desired that it should be disposed of without the knowledge of the Health Department there is nothing more easy. If the animal has a fairly healthy appearance, as often happens, it may be sold to an unsuspecting butcher who may be mulcted in the loss consequent on seizure or surrender. A far more satisfactory position would arise if we had power to purchase the cow and have it at once slaughtered, the portions of the carcase being disposed of according to the conditions found.

### COMMON LODGING-HOUSES.

There remain three Common Lodging Houses in the City, with accommodation for 150 lodgers nightly : during the year the Inspectors have paid 137 visits to these houses, and 10 contraventions were observed and remedied : these related to foul and defective water-closets (2), dirty condition of bedroom walls and floors (5), overcrowding (1), dirty condition of bedding and bedsteads (1), insufficient lavatory accommodation (1).

The keeper of the largest house applied for additional rooms to be registered as bedrooms, and this was refused on the ground of the inadequacy of the sanitary conveniences.

Generally the condition of these houses is much the same as when reported on in the previous year.

No application has been received during the year for the registration of any other Common Lodging House.

### MUNICIPAL COMMON LODGING HOUSE.

The question of the provision of a Municipal Common Lodging House is before an Executive Sub-Committee of the Sanitary Committee. The conclusion was arrived at during the year that a most convenient site for the provision of such an institution might be found in Leicester Street among the property recently acquired by the Corporation in connection with the improvement of that street.

There are so many houses let in lodgings conducted as Common Lodging Houses without being registered as such, that there is a very great and urgent demand for some such pro-

vision being made. Attention has been drawn to this matter for many years past. There are at present only three Common Lodging Houses in the City, and a greatly improved standard for Common Lodging Houses might be set by such an institution started under municipal control. There is no reason also why it should not be self-supporting provided that the scheme adopted were not of a pretentious character.

### HOUSES LET IN LODGINGS.

Number of houses on the register, December, 1910	20
„ „ „ added to the register during the year	6
„ „ „ removed from the register during year	2
„ „ „ remaining on the register, Dec., 1911	24
„ „ visits during the year	153
„ „ contraventions observed	16
„ „ notices and letters issued to remedy the same	6

The contraventions related to:—

Insufficient W.C. accommodation	2
Foul and defective W.C.'s	2
Dirty and defective floors	1
Limewashing walls and ceilings	6
Insufficient ventilation	1
Defective pavement and absence of dust bins	1
Overcrowding	3

These twenty-four houses contain sleeping accommodation for 546 persons. All the rooms have been measured, and, in most cases, tickets have been issued, specifying the number of persons that may occupy each room.

Fourteen houses, with accommodation for 435 persons, are being conducted as common lodging houses, without being registered as such. They are used by persons of the poorer class who are strangers to each other, and who use the bedrooms and living kitchens in common, and pay sixpence nightly, or three



shillings per week in advance. Five of the fourteen houses, with accommodation for 214 persons, are conducted by one and the same owner.

Regarding the fact that a number of these houses are conducted as Common Lodging Houses, without being registered as such, early in the year midnight visits were paid to three of these houses and evidence collected showing that they were not only being conducted as Common Lodging Houses, but that they were overcrowded, and in other ways not conducted as well as the registered Common Lodging Houses. Reports concerning these visits were made to your Sanitary Committee, and the owners were cautioned. The houses continue to be used as Common Lodging Houses.

The bye-laws relating to these houses were made in 1885, and are now somewhat out of date. New bye-laws are required.

### **Offensive Trades.**

No application has been made during the year for permission to use premises for the purpose of carrying on an offensive trade.

Annual permits have been renewed in three instances for carrying on the business of hide, skin, bone and fat collectors.

During the past three years complaints have been received concerning the offensive odours arising from certain works where the process of making artificial silk is carried on, and although the Firm in question were already adopting the best known methods for obviating the odours in question, and had expended several thousand pounds in carrying out extensive alterations for this purpose, a memorial was received from ten inhabitants of the district, to the effect that the various processes carried on at these works, were carried on in such a manner as to cause a nuisance within the meaning of Section 114 of the Public Health Act, 1875. This gave the Sanitary Committee no alternative to that of taking proceedings. This was done on December 6th last. The Magistrates held that the case was proved, and that a nuisance did exist. They adjourned the case for three months to enable further works to be carried out. (The adjourned hearing came on on February 28th of the current year, and was further adjourned for three months.)

### Smoke Abatement.

Inspector Clarke reports as follows:—

Number of occasions black smoke was found to be emitted from factory chimneys ... ..	33
Number of special observations...	12
Number of chimneys found to be emitting black smoke in such quantities as to be a nuisance ... ..	20
Number of letters sent...	7
Number of notices served ... ..	6
Number of cautions to stokers ... ..	13

In most instances it was found that the excessive smoke observed to be emitted was preventable.

One chimney was found to be emitting excessive smoke owing to the boilers being forced beyond their capacity, the works having been extended from time to time and the machinery increased without a corresponding increase of boiler power.

### Sale of Food and Drugs Acts, 1875 to 1907.

Mr. Clarke, the Inspector under these Acts, reports as follows:—

During the past year, 207 samples of food and drugs were submitted to the Public Analyst, who certified 197 as genuine and 10 as adulterated.

The total figures show a percentage of 4.8 of adulterated articles, as compared with 4.5 the previous year.

The samples were collected in the following manner:—  
Formal samples, 34; preliminary samples, 173; and included new milk, 101; butter, 60; lard, 3; whisky, 7; cream, 5; cream of tartar, 4; soda water, 3; tincture of iodine, 3; camphorated oil, 3; two each of pepper, chocolate, mustard, compound liquorice powder, and cheese; and one each of glycerine, dripping, arrow-root, tincture of rhubarb, sago, rice, powdered gentian root, and bread.

Of the 101 samples of milk, four were found to be poor in quality, three deficient in fat, and four to contain added water, two of the samples containing added water to the extent of 24

per cent., were obtained from a dairyman who had been in business in this district six months, and who, at the time the samples were obtained, was selling 150 gallons of milk daily, chiefly to shopkeepers in a small way of business. Magisterial proceedings were instituted against this offender, and a conviction obtained, the fine and costs amounting to £5 19s. 6d. Proceedings were also taken against a retailer, a customer of the dairyman; this case was dismissed on payment of costs. The information obtained in these cases proved that the milk supplied by the dairyman in question, contained at least 24 per cent. of added water on September 14th, 18th, and 21st, and assuming that the milk was adulterated to a similar extent on the intervening days, the profits derived from the dairy sale of 150 gallons of milk, adulterated with 24 per cent. of added water, at one shilling per gallon, would more than compensate the dairyman for the pecuniary penalty incurred by the conviction, and if the same process could be continued unchecked for a year, the profit on the sale of added water would amount to £684. In these circumstances it may be suggested that a fine of £5 hardly meets the case. Owing to the dairyman receiving milk from different farms outside the City, samples were obtained on delivery at the Railway Station on various dates, with the view to locate the actual culprit. These samples proved to be genuine; but it may be of interest to note that the analytical expenses incurred by the Local Authority in connection with these two cases, amounted to £6 16s. 6d.

All the samples of butter and grocery were genuine. Two samples of tincture of iodine were found to be adulterated, and a letter of caution was addressed to the vendor.

In compliance with the Margarine Act, 1887, and the Sale of Food and Drugs Act, 1899, two applications have been received to register premises wherein the business of a wholesale dealer in Margarine was carried on. Certificates were issued, and copies forwarded to the Board of Agriculture.

The nature of each article and the analytical results will be found on pages 168, &c., in the Summary of Samples submitted.

#### FERTILIZERS AND FEEDING STUFFS ACT, 1906.

Four samples of feeding stuffs were submitted for analysis and found satisfactory.



## **Factory and Workshop Act, 1901.**

Section 132 of this Act is as follows :—“ The Medical Officer of Health of every District Council shall, in his annual report to them, report specifically on the administration of the Act in workshops and work places, and he shall send a copy of his annual report, or so much of it as deals with the subject, to the Secretary of State.”

The following references were received from His Majesty's Inspector, and, after being dealt with, a report to this effect was forwarded to him :—

February 20th—Workshop.

“ Walls of Workshop in a dirty state.”

*Observations.*

Walls papered, ceilings limewashed.

February 25th—Workshop.

“ Defective ventilation of same.”

*Observations.*

Window ventilation provided.

February 25th—Factory.

“ Women's sanitary convenience was unscreened.”

*Observations.*

Screen provided.

February 27th—Workshop.

“ Dirty, dilapidated and dangerous state of same, also leaky condition of roof.”

*Observations.*

Referred to City Engineer. Structural alterations under consideration.

March 4th—Laundry.

“ Defective paving of wash-house.”

*Observations.*

Floor relaid with impervious material.

March 13th—Factory.

“ No separate sanitary conveniences for sexes.”

*Observations.*

Two additional W.Cs. provided.

May 13th—Factory.

“ Offensive sanitary conveniences.”

*Observations.*

Conveniences cleansed.

May 13th—Factory.

“ Insufficient sanitary accommodation for males. Women's convenience is unscreened.”

*Observations.*

Additional W.Cs. provided. 3 for use of males and 3 for use of females.

May 13th—Factory.

“Offensive sanitary conveniences.”

*Observations.*

Conveniences cleansed and limewashed.

June 13th—Bakehouse.

“Dirty state of walls.”

*Observations.*

Wall limewashed.

July 8th—Factory.

“Insufficient sanitary accommodation for females.”

*Observations.*

Three additional W.Cs. provided.

July 8th—Factory.

“No separate sanitary accommodation for females.”

*Observations.*

W.C. provided for use of females employed.

July 15th—Factory.

“Offensive sanitary conveniences.”

*Observations.*

W.Cs. repaired and cleansed.

August 12th—Bakehouse.

“Dirty state of walls, ceiling and floor.”

*Observations.*

Floor cleansed and walls and ceiling limewashed.

August 12th—Bakehouse.

“Dirty state of walls, ceiling and floor.”

*Observations.*

Floor cleansed and walls and ceiling limewashed.

August 12th—Factory.

“Sanitary conveniences not partitioned off so as to secure privacy.”

*Observations.*

Partitions provided.

October 21st—Bakehouse.

“Dirty state of walls and tops.”

*Observations.*

Walls and ceiling limewashed.

November 4th—Bakehouse.

“Dirty state of same.”

*Observations.*

Floor cleansed and walls and ceiling limewashed.

December 23rd—Workshop.

“Fumes from gas iron heater discharging into workshop.”

*Observations.*

Defect remedied.

*Factories, Workshops, Workplaces, and Homework.*

## 1.—INSPECTION.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories .. .. . (Including Factory Laundries.)	108	15	..
Workshops .. .. . (Including Workshop Laundries.)	690	28	..
Workplaces .. .. . (Other than outworkers premises included in Part 3 of this Report.)	13	2	..
TOTAL .. .. .	811	45	..

## 2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecutions.	
	Found.	Remedied.	Referred to H.M. Inspector.		
<i>Nuisances under the Public Health Acts :—*</i>					
Want of cleanliness .. .. .	19	19	..	..	
Want of ventilation .. .. .	2	2	..	..	
Overcrowding .. .. .	..	..	..	..	
Want of drainage of floors .. .. .	..	..	..	..	
Other nuisances .. .. .	13	11	..	..	
Sanitary accommodation {	insufficient .. .. .	4	4	..	..
	unsuitable or defective..	21	21	..	..
	not separate for sexes ..	1	1	..	..
<i>Offences under the Factory and Workshop Act :—</i>					
Illegal occupation of underground bake-house (S. 101) .. .. .	..	..	..	..	
Breach of special sanitary requirements for bakehouses (SS. 97 to 100) .. .. .	25	25	..	..	
Other offences .. .. . (Excluding offences relating to outwork which are included in Part 3 of this Report.)	..	..	..	..	
Total .. .. .	85	83	..	..	

\* Including those specified in Sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.



3.—HOMEWORK.

OUTWORKERS' LISTS, SECTION 107.											Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Sections 109, 110.		
NATURE OF WORK.*	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.		Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (Sections 109, 110).	
	Sending twice in the year.			Sending once in the year.				Failing to keep or permit inspection of lists.	Failing to send lists.							
	Lists.†	Outworkers.†		Lists.	Outworkers.											
		Con-tractors	Work-men.		Con-tractors	Work-men.										
1.	2.	3.	4.	5.	6.	7.	8.	9	10.	11.	12.	13.	14.	15.	16.	
Wearing Apparel—																
(1) making, &c.	12	..	54	2	4	..	..	..	..	7	..	..	..	..	..	
(2) cleaning and washing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Household linen ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Lace, lace curtains and nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Curt'ns & furniture hangings	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Furniture and Upholstery..	4	2	38	..	..	..	..	..	..	..	..	..	..	..	..	
Electro-Plate ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
File making ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Brass and brass articles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Fur pulling ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Cables and Chains ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Anchor and Grapnels ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Cart Gear ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Locks, Latches and Keys ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Umbrellas, &c. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Artificial Flowers ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Nets, other than wire nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Tents ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Sacks ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Racquet and Tennis Balls..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Paper Bags and Boxes ..	2	..	26	..	..	..	..	..	..	2	..	..	..	..	..	
Brush making ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Pea Picking ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Feather Sorting ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Carding, &c., of Buttons, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Stuffed Toys ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Basket Making ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
TOTAL ..	18	2	118	2	4	..	..	..	..	9	..	..	..	..	..	

\* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list is included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers are assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote is added to show that this has been done.

† The figures in columns 2, 3 and 4 are the *total* number of the lists received from those employers who comply strictly with the statutory duty of sending *two* lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be *even* numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 will usually be (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer, the same outworker's name will often be repeated.

## 4.—REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year.	Number.
Bakers .. .. .	102
Confectioners .. .. .	7
Watch Makers .. .. .	81
Dressmakers .. .. .	98
Tailors .. .. .	36
Boot Makers and Repairers .. .. .	47
Milliners .. .. .	40
Joiners and Carpenters .. .. .	16
Cabinet Makers .. .. .	8
Cycle Repair Shops .. .. .	7
Ironmongers and Smiths .. .. .	11
Plumbers and Painters .. .. .	10
Gas Fitters and Bellhangers .. .. .	3
Pattern Makers and Brassfounders .. .. .	1
Saddlers .. .. .	6
Tinworkers .. .. .	4
Picture Framers .. .. .	3
Laundries .. .. .	6
Box and Bag Makers .. .. .	1
Printers and Bookbinders .. .. .	1
Card Stampers .. .. .	1
Engravers, etc. .. .. .	1
Marine Store Dealers .. .. .	3
Coach Builders and Wheelwrights .. .. .	8
Various .. .. .	30
Total number of workshops on Register ..	531

## 5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) .. .. .	1
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5) .. .. .	19
Notified by H.M. Inspector	
Reports (of action taken) sent to H.M. Inspector ..	19
Other .. .. .	0
Underground Bakehouses (S. 101) :—	
Certificates granted during the year .. .. .	0
In use at the end of the year .. .. .	0

## BAKEHOUSES, 1911.

Number on Register, January, 1911	...	...	111
„ „ December, 1911	...	...	112
„ discontinued to be used during the year			3
„ of new bakehouses opened	...	...	4
„ „ changes of occupancy	...	...	11
„ „ visits	...	...	157
„ „ contraventions observed	...	...	26
„ „ „ remedied	...	...	26

*The Contraventions related to:—*

Lime-washing	...	...	...	20
Defective yard pavement near bakehouse				1
Stable manure in close proximity to bake-				
house	...	...	...	1
Floors in dirty condition	...	...	...	3
Approach not in a sanitary condition	...	...	...	1
			Total	26

One new bakehouse has been erected and opened, the plans of which were examined in 1910.

During the year 1911, plans were examined for the erection of two new bakehouses, which have been erected and opened.

In one instance, an existing building has been converted into a bakehouse.

## HOMEWORK.

Visits have been paid to outworkers by the Health Visitors; these visits have numbered 125. A few instances (seven) have occurred where the premises have not been kept in a cleanly state, and reports were made.

**Shop Hours Act, 1911.**

Number of shops in which young persons were employed in 1910	...	...	...	121
Number of shops in which young persons were employed in 1911	...	...	...	105
Number of inspections	...	...	...	155
Number of contraventions observed	...	...	...	10
Number of shops added to list during the year	...	...	...	16



Number of shopkeepers who ceased to employ young persons during the year ...	...	32
Number of complaints received as to young persons being beyond the time limit ...	...	0
(Contraventions related to notices not affixed).		

### SEATS FOR SHOP ASSISTANTS ACT.

The Health Visitors have paid fifty-five visits with regard to this Act. In one instance it was found that the requirements of the Act were not complied with; this, however, was remedied on the matter being pointed out.

### **Sanitary Prosecutions.**

A detailed statement concerning the magisterial proceedings that have been necessary during the year appears on page 163.

It will be seen that the Magisterial proceedings during the year have been very few, in fact they have been fewer than in any year during the past twenty years. One cause of the diminution of Magisterial proceedings has been the transference of the powers of making Closing Orders concerning houses from the Magistrates to the Sanitary Committee by the Housing and Town Planning Act.

### **Diseases of Animals Act and Orders of the Board of Agriculture.**

Mr. W. H. Clarke, the Inspector of Nuisances, is the Inspector under this Act; he reports as follows :—

#### SWINE FEVER.

“ Five suspected outbreaks of this disease were investigated, two of which were verified by the Board of Agriculture. In both cases the disease was introduced from premises outside the City.

During the year, 3,120 licences and duplicates have been issued for the movement of swine from the sale yards within the City, and 3,832 licences and duplicates have been received concerning swine moved into the City from sale yards in other districts.”

#### PARASITIC MANGE.

“ This disease has again been prevalent, three outbreaks having occurred during the year. The horses affected were

isolated, and the stables, harness, and utensils cleansed and disinfected in the prescribed manner.

A new Order, the “Parasitic Mange Order of 1911,” came into operation on January 1st, 1912, revoking the “Warwickshire Order of 1906,” and also the regulations made by the Local Authority concerning this disease.”

## GLANDERS AND FARCY.

“It is gratifying to observe that no outbreak of Glanders was reported during the past year.”

## ANTHRAX.

“ An outbreak of Anthrax occurred on January 16th, at farm premises, Narrow Lane, the animal affected being a fat heifer. The carcass was examined shortly after death by Mr. Dale, Veterinary Inspector, who, after making a microscopical examination of the blood, reported that in his opinion death was due to Anthrax.

In accordance with the provisions of the new Anthrax Order, a blood swab and smear slide were submitted to the Veterinary Staff of the Board of Agriculture, who, after due enquiry, verified Mr. Dale's diagnosis.

The prescribed forms and notices were issued, and the carcass cremated at the Refuse Destructor.

The infected premises were disinfected in accordance with the provisions of the Anthrax Order, and no further outbreak occurred.’’

## Canal Boats.

Inspector Clarke, the Inspector under the Canal Boats' Act, furnishes the following information, which shews the steps taken by the Sanitary Authority to give effect to the Acts and Regulations affecting Canal Boats:—

Total number of boats on Register	...	...	211
„ „ „ registered during year	...		11
„ „ „ visits to canal	...	...	113
„ „ „ boats inspected	...	...	241
„ „ „ persons for which the cabins were registered	...	...	831
„ „ „ persons occupying the cabins			722

Total number of boats contravening the regulations	...	...	...	13
„ „ „ complaint notes issued	...	...	...	13
„ „ „ legal proceedings instituted	...	...	...	nil

*Nature of Infringements:—*

Absence of certificate	...	...	...	3
Painting	...	...	...	6
Marking	...	...	...	2
Dilapidations	...	...	...	2
Ventilation	...	...	...	3
Absence of water vessel	...	...	...	1
Overcrowding	...	...	...	6

The cabins of the boats plying in this district were on the whole found to be kept in a satisfactory condition.

### **Water Supply.**

Your Waterworks Engineer kindly informs me that during the twelve months 754,616,977 gallons of water have been supplied from the public sources to our City; of this, 367,087,977 gallons were supplied from Spon End, and 387,529,000 gallons from Shustoke. He also informs me that 346 new services have been laid on to build and supply 1,753 houses and 50 other buildings; guarantees have been received for 1,148 completed houses, in which are included 1,495 water closets and 321 new baths.

The amount supplied gives an average consumption of 19.2 gallons per head per day. The comparison of this figure with that of previous years is given below:—

	Amount supplied per day.	Estimated popu- lation served.	Amount per head per day.
1897	... 1,420 000 gals.	... 61,234	... 23 gals.
1898	... 1,577,207 „	... 61,555	... 25 „
1899	... 1,723,926 „	... 61,796	... 27 „
1900	... 1,896,106 „	... 62,037	... 30 „
1901	... 1,649,292 „	... 62,200	... 25 „
1902	... 1,670,749 „	... 67,330	... 25 „
1903	... 1,678,461 „	... 72,550	... 23 „
1904	... 1,633,098 „	... 75,250	... 21 „
1905	... 1,775,229 „	... 78,917	... 22 „
1906	... 1,913,430 „	... 82,600	... 23 „
1907	... 1,873,153 „	... 85,800	... 21 „
1908	... 1,896,191 „	... 90,000	... 21 „
1909	... 1,962,625 „	... 93,500	... 21 „
1910	... 1,923,921 „	... 102,000	... 18.8 „
1911	... 2,067,443 „	... 107,287	... 19.2 „



The Coventry water supply is derived from two sources, the one source being a surface water supply derived from the river Bourne, which is collected in a large reservoir at Shustoke, and filtered by sand filters. This water supply belongs to the City of Birmingham. The other source being deep wells, which are situated within the City at Spon End.

The results of the periodical chemical analyses which have been made of the various waters are shown in the accompanying tables; regular bacteriological examinations have also been made monthly of the Shustoke water.

Since 1909 the well at Whitley has not been used, but I am given to understand that certain experiments are being carried out with a view to avoiding the contamination of water in that well.

The desirability of covering in the tank at Spon End has not lessened, in fact, the building up of roads, houses and factories in the immediate neighbourhood of that tank during recent years has rather increased the necessity for covering in this tank. In 1907 your Waterworks and Fire Brigade Committee resolved to have a scheme prepared for effecting this. It has to be remembered that the Spon End water is not filtered before delivery to houses, and on this account it becomes imperative that every possible source of pollution should be eliminated; this possible source I have on previous occasions pointed out.

#### Results of Analysis expressed in parts per 100,000.

##### DOEBANK WELL, SPON END.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1911.										
Jan. 3	trace	trace	2.3	0.33	0.003	51	11.56	16.86	28.42	Pretty clear.
April 13	0.001	0.004	2.2	0.45	0.015	50	5.40	19.42	24.82	Bright, few small particles.
July 5	0.001	0.005	2.1	0.23	0.008	52	10.02	16.00	26.02	Bright, many small particles.
Oct. 3	0.003	0.003	2.1	0.11	0.018	48	7.68	17.14	24.82	

##### TANK, SPON END.

1911.										
Jan. 3	trace	trace	2.0	0.27	0.002	46	6.92	20.30	27.22	Pretty clear.
April 13	0.001	0.004	2.1	0.35	0.015	45	7.10	17.42	24.52	Bright, few large particles.
July 5	0.001	0.009	2.1	0.33	0.014	46	10.84	14.58	25.42	Bright, many small particles.
Oct. 3	0.0014	0.006	2.0	0.16	0.034	48	9.74	16.58	26.32	

## Results of Analysis &amp;c.—continued.

## SHUSTOKE.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1911.										
Jan. 3	trace	0.008	2.4	trace	0.042	26	4.86	11.72	16.58	No. 1 Filter. Clear. Filtration good.
do.	0.001	0.007	2.5	trace	0.046	27	5.58	11.14	15.72	No. 4 Filter. Pretty clear. Filtration not quite so good as No. 1.
Feb. 7	0.001	0.008	2.5	trace	0.072	28	4.00	10.00	14.00	No. 2 Filter } Filtration
do.	0.001	0.010	2.5	trace	0.072	27	4.31	9.43	13.74	No. 3 ,, } very good.
Mar. 8	trace	0.006	2.5	0.05	0.070	28	6.86	9.72	16.58	No. 2 ,, } Filtration
do.	trace	0.006	2.6	0.05	0.065	29	6.86	9.72	16.58	No. 3 ,, } good.
April 6	trace	0.010	2.5	trace	0.063	28	4.86	11.42	16.28	No. 1 ,, } Filtration
do.	0.001	0.011	2.5	trace	0.071	28	5.00	11.28	16.28	No. 4 ,, } very good.
May 2	0.001	0.004	2.6	0.11	0.052	27	6.28	10.00	16.28	No. 1 ,, } Bright & clear.
do.	0.001	0.004	2.6	0.11	0.050	26	6.58	10.00	16.58	No. 4 ,, }
June 2	0	0.008	2.8	0	0.042	28	5.44	10.28	15.72	No. 2 ,, } Bright & clear.
do.	0	0.004	2.8	0	0.051	28	6.00	10.00	16.00	No. 3 ,, }
July 3	0.001	0.014	2.6	0	0.049	25.5	6.58	10.28	16.86	No. 1 ,, } Bright, a few
do.	0.001	0.013	2.6	0	0.051	23.5	6.00	9.14	15.14	No. 2 ,, } small partic-
do.	0.0005	0.012	2.6	0	0.051	24.5	6.00	9.14	15.14	No. 5 ,, } les.
Aug. 2	trace	0.007	2.8	trace	0.04	21	2.00	10.00	12.00	No. 3 ,, } Bright & clear.
do.	trace	0.008	2.8	trace	0.04	21	2.00	10.00	12.00	No. 4 ,, }
Sept. 7	trace	0.014	2.8	0	0.052	24	1.72	11.14	12.86	No. 1 ,, } Bright, & clear.
do.	trace	0.014	2.8	0	0.053	23	1.72	10.86	12.58	No. 2 ,, }
Oct. 3	trace	0.012	2.6	0	0.050	22	1.44	11.14	12.58	No. 3 ,, } Bright & clear,
do.	trace	0.012	2.6	0	0.050	23	1.42	10.58	12.00	No. 4 ,, } Filtration
Nov. 2	0.0005	0.007	2.5	0	0.045	26	1.14	11.72	12.86	No. 3 ,, } satisfactory.
do.	0.0005	0.007	2.5	0	0.045	25	1.16	11.42	12.58	No. 4 ,, }
do.	trace	0.008	2.5	0	0.050	24	1.72	11.14	12.86	No. 5 ,, }
Dec. 5	0.001	0.012	2.45	trace	0.063	25	5.9	8.1	14.0	No. 1 ,, } Filtration
do.	0.001	0.010	2.5	trace	0.059	25	5.4	8.6	14.0	No. 2 ,, } good.

## Private Water Supplies.

Very few houses now remain in the City supplied wholly with water from private wells. No necessity has been apparent during the year for any action to be taken in connection with these.

## Refuse Removal.

Your City Engineer has kindly informed me that the following amount of house refuse has been removed during the year :—

	Cubic yards.		Cart loads.
Ashpit refuse removed	808	=	404
Ashbin ,, ,,	54,138	=	27,069
	<u>54,946</u>	=	<u>27,473</u>



In 1910 the amount was as follows :—

Ashpit refuse removed	2,692	=	1,346
Ashbin „ „	49,596	=	24,798

It will be seen that the amount of ashpit refuse continues to diminish, corresponding to the abolition of the old ashpit, comparatively few of which now remain. The refuse destructor that was opened in 1910 was at work satisfactorily throughout the year. The effect of this improved method of getting rid of house refuse is dealt with elsewhere in this report, under the heading of Epidemic Diarrhoea.

### **Sewage Disposal.**

The sewage of the City is dealt with by broad irrigation on a sewage farm at Baginton, some two miles outside the City. To reach the farm it has to be pumped at the pumping station at Whitley.

At the end of 1909 your Council resolved to extend the Sewage Farm by purchasing 235 acres of land adjoining the present farm. The City Engineer informs me that the works necessary in connection with the laying out of this land are now in course of construction.

### **Coventry Corporation Act, 1911.**

This Act passed through Parliament last year; the following are certain clauses of importance from a sanitary point of view :—

(30) (1) It shall not be lawful for any person to reconstruct or alter the course of any drain communicating with any sewer of the Corporation except in accordance with the provisions of the bye-laws of the Corporation with respect to the drainage of existing buildings.

(2) Any person offending against this section shall be liable to a penalty not exceeding five pounds and to a daily penalty not exceeding forty shillings.

(31) (1) It shall not be lawful for any person to repair any drain communicating with any sewer of the Corporation without giving to the Corporation or the Medical Officer twenty-four hours previous notice in writing of his intention to do so, except in case of emergency, and in that case it shall not be lawful for any person to cover over the drain without giving the like notice of his intention to do so.

(2) Free access to such drain or work of repair shall be afforded to the Inspector of Nuisances or any officer of the Corporation authorised in writing by the Medical Officer for the purpose of inspection.



(3) Any person who shall offend against this section shall be liable to a penalty not exceeding five pounds.

(32) The Corporation may by notice in writing require the owner or occupier of any dwelling-house to provide galvanized iron or enamelled iron dustbins for the convenient removal of house refuse, and such dustbins shall be of such size and construction as may be approved by the Corporation, and any owner or occupier who fails within fourteen days after notice given to him, to comply with the requirements of the Corporation shall be liable to a penalty not exceeding twenty shillings and to a daily penalty not exceeding five shillings ; provided that this section shall not authorise the Corporation to require the provision of a dustbin thereunder in any case in which a dustbin or ashpit in use at the passing of this Act is of suitable size and in proper order and condition.

(35) (1) Any person being a manufacturer, vendor or merchant or dealer in ice cream, or other similar commodity, who within the City :—

(a) Causes or permits ice cream or any similar commodity or any materials used in the manufacture thereof to be manufactured, sold or stored in any sleeping room or in any room, cellar or place which is in a condition likely to render such commodity injurious to health or in which there is an inlet or opening to a drain ; or

(b) In the manufacture, sale or storage of any such commodity, does any act or thing likely to expose such commodity to infection or contamination or omits to take any proper precaution for the due protection of such commodity from infection or contamination ; or

(c) Omits on the outbreak of any infectious disease amongst the persons employed in his business to give notice thereof to the Medical Officer ;

shall be liable to a penalty not exceeding forty shillings.

(2) In the event of any inmate of any building (any part of which is used for the manufacture of ice cream or similar commodity) suffering from any infectious disease, the Medical Officer may seize and destroy all ice cream or similar commodity or materials for the manufacture of the same in such building, and the Corporation shall compensate the owner of the ice cream commodity or material so destroyed.

(3) Every dealer in ice cream or other similar commodity vending his wares from any cart, barrow or other vehicle or stand shall have his name and address legibly painted or inscribed on such cart, barrow, vehicle or stand, and any person who shall fail to comply with this sub-section, shall be liable to a penalty not exceeding forty shillings.

(4) Section 58 (for regulating manufacture and sale of ice creams, &c). of the Act of 1900 is hereby repealed.

(36) (1) Any officer duly authorised by the Corporation in that behalf shall at all reasonable times have the same power of entry into and inspection of the premises of any manufacturer vendor or merchant or dealer in ice cream or other similar commodity for the purpose of inspecting such premises and the materials or commodities or articles of food therein as an officer of the Corporation would have under section 102

(Power of entry of Local Authority) of the Public Health Act, 1875, in the cases therein mentioned.

(2) Any person refusing entry into such premises as aforesaid or obstructing such officer as aforesaid in the execution of his duty, shall be liable to a penalty not exceeding forty shillings.

(37) The Corporation may appoint more than one Inspector of Nuisances, and sections 189 and 191 of the Public Health Act 1875 shall, for the purposes of the execution of that Act within the City be construed accordingly.

(38) (1) The occupier of any building in the City which is used for human habitation, and in which there is or has been any person suffering from an infectious disease, shall, on the application of the Medical Officer at any time during the illness of such person or within six weeks of the occurrence of such illness, furnish such information within his knowledge, as the Medical Officer may reasonably require for the purpose of enabling measures to be taken to prevent the spread of the disease.

(2) Any occupier, knowingly furnishing false information, shall be liable to a penalty not exceeding forty shillings.

(3) In this section, the expression "occupier" shall have the same meaning as in the Infectious Disease (Notification) Act, 1889.

(39) When any person suffering from infectious disease whereof notice shall have been given to the Medical Officer, shall die in the City of such disease, the Medical Officer shall give notice thereof to the person responsible for the conduct of the burial of the body of such person, and it shall not be lawful to transport such body by railway or other public conveyance (not being a conveyance reserved for such purpose) unless and until the Medical Officer has certified that every precaution necessary for the public safety has been adopted to his satisfaction, and any undertaker and any person so responsible who shall, after the giving of such notice knowingly remove or assist in removing such body without such certificate and any person, who, unless unaware of such notice shall procure or endeavour to procure the removal of such body without having obtained such certificate, shall be liable to a penalty not exceeding ten pounds.

(40) For the purposes of section 112 (Restriction on establishment of offensive trade in urban district) of the Public Health Act 1875, a trade business or manufacture shall be deemed to be established, not only if it is established anew, but also if it is removed from any one set of premises to any other premises, or if it is renewed on the same set of premises after having been discontinued for a period of six months or upwards, or if any premises on which it is for the time being carried on are enlarged without the sanction of the Corporation, but a trade, business or manufacture shall not be deemed to be established anew on any premises by reason only that the ownership of such premises is wholly or partially changed or that the building in which it is established having been wholly or partially pulled down or burnt down has been reconstructed without any extension of its area.





*Court 1, Cook Street: Houses closed in 1911, and since demolished.*





(41) (1) If the Medical Officer has reasonable cause to suppose that any house is infested with vermin, he or the Inspector of Nuisances may enter such house and may inspect and examine the same, and any articles therein for the purpose of ascertaining whether such house is infested with vermin.

(2) Where on the certificate of the Medical Officer, it appears to the Corporation that any house is infested with vermin, the Corporation shall give notice in writing to the owner or occupier of such house, or if the same be vacant, to the owner thereof requiring him within a period to be specified in such notice to cleanse such house or the portion thereof specified in the notice, and if so required in the notice to remove the wall paper from the walls of such house or the portion thereof specified in the notice and to take such other steps for the purpose of destroying and removing vermin as the case may require.

(3) If the person to whom such notice is given, fails to comply therewith within the time therein specified, he shall be liable to a penalty, not exceeding ten shillings and to a daily penalty not exceeding ten shillings and the Corporation may, if they think fit at any time after the expiration of the period specified in the notice, themselves do any work required by the notice to be done and all reasonable costs and expenses incurred by the Corporation in so doing shall (subject as hereinafter provided) be recoverable summarily as a civil debt from the person making the default.

(4) Every person who shall wilfully obstruct any authorised officer or servant of the Corporation in carrying out the provisions of this section shall be liable to a penalty not exceeding forty shillings and to a daily penalty not exceeding twenty shillings.

(5) Upon any proceedings under this section, the Court may enquire as to whether any requirement contained in any notice given or any work done by the Corporation was reasonable, and as to whether the costs and expenses incurred by the Corporation in doing such work or any part thereof ought to be borne wholly or in part by the person to whom the notice was given and the Court may make such order concerning such cost and expenses or their apportionment as appears to the Court to be just and equitable under the circumstances of the case.

In addition, the Act contains various other more or less important provisions concerning streets, buildings, sewers, etc., and other matters.

### **Health Visitors.**

The summary of the work of the Health Visitors under the headings of their different duties is as follows :—

(1) Visits in regard to births : These have been spoken of under the heading of Infantile Mortality on page 31.

(2) Inspection of workshops where females are employed; these have been visited, involving 195 visits; 9 cases have been reported as not kept in a cleanly state. The work done is included under the heading of the Factory and Workshop Act on page 141. Visits to outworkers are dealt with under the heading of Homework on page 146.

(3) Visits in connection with infectious diseases; these have related mostly to Consumption cases, and are spoken of on page 50; 366 visits were paid; 53 other visits were paid in relation to alleged cases of Measles, Scarlet Fever, etc.

(4) During the year 230 visits were paid of a miscellaneous character, such as to neglected homes, dirty houses, overcrowding, etc. Throughout the year 254 nuisances, and 165 dirty houses were reported to the Medical Officer; of these latter, 20 should properly come under the classification of neglected homes.

(5) Work in connection with the Midwives Act is referred to on page 45.

(6) Visits under the Shop Hours Acts, and Seats for Shop Assistants Act, are included on page 146.

In all, 4,321 visits were paid by the Health Visitors.

The compulsory notification of all cases of Pulmonary Tuberculosis, which came into force at the commencement of the current year, has increased greatly the work of the Health Visitors in this connection. The rapid growth in the population has added largely to the number of births concerning which visits are desirable. In order that this important work can be kept up it is essential that a third Health Visitor should be immediately appointed.

### **References to other Departments.**

These included 44 references to the City Engineer, 83 to the Waterworks Engineer, and 1,605 to the Head Teachers of Schools.

The character of the references to the City Engineer is set out in the following table :—



Unauthorised erections	...	...	...	8
Dangerous buildings and chimneys	...	...	...	5
Dangerous condition of roads and pavement	...	...	...	1
Foul gullies in courts	...	...	...	6
Complaints relating to sewers	...	...	...	15
Ashpits and ashbins requiring emptying	...	...	...	3
Dustbins not properly emptied and replaced	...	...	...	4
Pollution of water courses	...	...	...	2
				—
				44
				—

The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns.

References to the Head Teachers of Schools related to children who have suffered from infectious disease, or who lived in houses where infectious disease was present.

### **The Inspection of the District, and the Sanitary Staff.**

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follows:—

DRAINAGE AND PAVEMENT.				1910.	1911.
Drains opened and cleansed from ob-					
struction	...	...	...	411	335
Drains provided with efficient traps	...	...	...	249	188
New drains, inspection and intercepting					
chambers provided	...	...	...	151	146
Drains relaid	...	...	...	161	136
Sink drains disconnected from sewer	...	...	...	16	2
Drains tested	...	...	...	362	204
Soil pipes and ventilating shafts provided					
or improved	...	...	...	39	26
Courts and back yards paved and repaired				167	174

DWELLINGS.				1910.	1911.
Floors of dwellings relaid or repaired	..			308	248
Dilapidated walls and ceilings repaired	...			235	235
Damp walls—damp courses inserted	...			36	34
Roofs repaired and made weatherproof	...			75	53
Dangerous stairs repaired	...	...		34	26
Additional windows provided and others					
made to open	...	...	...	80	40
Defective spouts repaired	...	...		86	68
Pantry ventilation improved	...	...		70	136
New sinks provided	...	...	...	47	47
New waste pipes provided and others					
repaired	...	...	...	63	57
Foul cellars cleansed and defects in drains					
remedied	...	...	...	18	8
Houses limewashed and cleansed	...			605	345
Houses limewashed after infectious disease				395	757
Cases of overcrowding dealt with	...			25	31
WATER CLOSETS AND URINALS.					
Additional water closets provided	...			45	44
Water closets reconstructed	...	...		57	27
Water closets repaired and limewashed	...			324	242
Water closets provided with new basins					
and traps...	...	...	...	231	304
Defective joints in flush pipes repaired	...			41	28
Foul w.c. basins and traps cleansed	...			262	321
Defective w.c. cisterns repaired	..	...		152	122
New flushing cisterns provided...	...			62	103
Urinals cleansed and reconstructed	...			24	17
Urinals abolished	...	...	...	4	3
PRIVIES, ASHPITS, AND DUSTBINS.					
Offensive privies and pail closets converted into w.c.'s	...	...	...	20	19
Offensive privies and pail closets abolished				34	22
New w.c.'s erected in place of above	...			33	22
Offensive ashpits abolished	...	...		23	23
Sanitary dustbins provided in place of					
above	...	...	...	45	26
Other houses provided with sanitary					
dustbins	..	...	...	715	749

VARIOUS.				1910.	1911.
Smoke nuisances dealt with	...	...	...	53	25
Nuisances from animals kept, abated	...	...	...	51	52
Offensive accumulations removed	...	...	...	95	59
Courts and back yards cleansed by					
tenants	...	...	...	51	63
Gipsy tents and caravans removed	...	...	...	8	21
Water supply—additional taps provided	...	...	...	129	44
Miscellaneous	...	...	...	533	254
Total				<u>6,625</u>	<u>5,886</u>

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table :—

Number of visits to premises	...	...	27,951
Number of statutory notices issued	...	...	105
Number of informal notices issued	...	...	1,664
Number of letters issued	...	...	3,137
Number of summonses issued for non-compliance with notice to abate nuisance	...	...	1
Number of nuisances remaining unabated	...	...	28
Number of registered premises under supervision (not including workshops)	...	...	412
Number of visits paid to registered premises...	...	...	2,402

Some tabulated comparisons of the work of the Department with that of previous years are given in the accompanying tables.

In regard to the personnel of the Department, Mr. Martin was transferred from his work as a District Inspector to the post created by your Sanitary Committee to meet the requirements of the Housing and Town Planning Act, and commenced his duties in this connection on February 1st; Mr. Skeeles was appointed to the post thus rendered vacant, and commenced his work on February 4th.

The re-arrangement of the work in connection with the Disinfecting Department took effect in February; Mr. Maton commenced work as Assistant Disinfecter and Ambulance Driver and a new Disinfecter was appointed, but failing to take his duties seriously was almost at once discharged, and Mr. Emerson was appointed.



# Summary of Inspectors' Work.

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	Total for 10 years.
No. of drains opened and cleansed from obstruction ...	124	208	208	278	299	266	711	336	411	335	3,176
" drains provided with efficient traps ...	350	247	371	373	306	244	376	286	249	188	2,990
" new drains provided to premises ...	307	360	194	398	370	410	532	771	312	282	3,936
" sink drains disconnected from the sewer ...	18	11	13	16	10	5	11	24	16	2	126
" new sinks provided and others repaired ...	42	21	62	69	31	14	82	62	110	104	597
" floors and walls of houses repaired ...	228	320	308	193	270	239	647	442	579	483	3,709
" roofs of houses repaired and made weatherproof...	130	130	163	86	118	85	183	73	75	53	1,096
" defective spouts repaired ...	133	138	147	123	131	79	185	103	86	68	1,193
" houses limewashed and cleansed ...	271	317	325	345	509	329	500	361	605	345	3,907
" houses cleansed after infectious disease ...	228	222	125	152	118	143	149	282	395	757	2,571
" offensive privies or pail closets converted into water closets ...	62	122	211	223	183	43	69	37	20	19	989
" offensive privies and pail closets abolished ...						119	44	30	34	22	249
" new water closets erected in place of above ...						109	56	30	33	22	250
" additional new water closets provided ...	177	188	108	76	68	44	46	74	45	44	870
" water closets provided with new cisterns...	63	91	46	40	29	54	177	98	62	103	763
" " " new basins and traps	138	166	115	150	128	114	277	272	288	304	1,952
" foul water closet drains cleansed ...	395	321	293	433	519	263	257	343	262	321	3,407
" defective W.C. cisterns, etc., repaired ...	389	216	184	195	167	141	292	191	193	150	2,118
" offensive ashpits abolished...	171	188	210	159	106	106	74	39	23	23	1,099
" sanitary dustbins provided in place of the above	327	448	405	330	208	292	106	173	45	26	2,360
" " " to other premises ...	490	176	152	123	180	388	619	388	715	749	3,980
" urinals cleansed, repaired and reconstructed ...	30	24	27	34	25	29	70	22	28	17	306
" courts and backyards paved and repaired ...	101	182	176	183	145	85	178	121	167	174	1,512
" nuisances from animals kept, abated ...	78	92	99	113	115	59	68	76	51	52	803
" accumulations of manure, etc., removed ...	29	44	64	63	116	126	141	104	95	59	841
" smoke nuisances dealt with ...	23	22	39	26	42	96	46	50	53	25	422
" cases of overcrowding dealt with ...	6	31	23	23	44	18	50	35	25	31	286
" vent and soil pipes removed or replaced, and miscellaneous sanitary improvements effected	309	170	1406	1528	1,839	1,269	2,073	1,039	1,648	1,128	12,409
	4,619	4,455	5,474	5,732	6,076	5,169	8,019	5,862	6,625	5,886	57,917

# Summary of other Miscellaneous Work

FOR THE PAST TEN YEARS.

	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911
No. of visits and re-visits to premises ...	18,039	17,244	15,491	17,729	21,856	20,527	23,982	20,223	24,742	27,951
„ notices issued for abatement of nuisances ...	2,023	2,285	1,566	1,354	1,367	1,651	2,180	2,040	1,841	1,769
„ letters „ ...	462	467	327	1,118	1,279	1,831	1,643	1,958	1,967	1,495
„ summonses issued for non-compliance with notices served to abate nuisances ...	4	0	4	5	0	1	8	6	9	1
„ nuisances remaining unabated after expiration of notice ...	32	36	25	29	23	12		15	35	28
„ registered premises under supervision ...	278	296	319	333	329	333	377	410	442	412
„ visits paid to registered premises ...	1,334	1,516	2,216	2,305	2,311	2,546	3,211	3,095	2,997	2,402
„ references to City Engineer ...	699	648	532	397	233	335	219	233	216	44
„ references to Water Engineer ...	227	138	103	165	119	143	110	107	84	81
„ references to Education Department ...			365	365	532	399	313	981	1,574	
„ drains tested ...	113	414	438	432	524	396	807	436	362	204



On March 14th Mr. Jenner left to take a better appointment; up to that date his services had been requisitioned in connection with the heavy disinfection work, during the re-arrangement of that work; the vacancy thus caused was filled in by Mr. J. P. Cooke, on July 10th, but the newly-appointed Assistant Inspector failed to take up his appointment, having obtained a post abroad. The vacancy was ultimately filled on October 2nd, when Mr. Mortimer commenced his work. So that for nine months of the year the Department was deprived of the services of an Assistant Inspector.

I am appending to this Report a record of the Magisterial proceedings which have been necessary during the year; an extended schedule of the ages at, and causes of, death; a return of the samples taken under the Food and Drugs Acts; a report of the delegates to the Dublin Health Congress; and a special report concerning some financial considerations regarding the proposed Abattoir.

I am, Mr. Mayor and Gentlemen,

Your obedient Servant,

E. H. SNELL,

Médical Officer of Health.

Public Health Department,

Coventry.

March 14th, 1912.



**MAGISTERIAL PROCEEDINGS, 1911.**

No. of Case.	Complaint.	Result.	Total Costs.
			£ s. d.
1	Contravention of Section 45 of Coventry Corporation Act, 1900 :— A dairyman failing to notify that a cow in his possession exhibited signs of tuberculosis of the udder	Fined £1 and costs ...	3 6 6
2	Adulterated Milk (Dairyman) ...	Fined £5 and costs ...	5 19 0
3	„ „ (Retailer) ...	Dismissed on payment of costs ...	15 6
4	Carrying on the trade of purveyor of milk without being registered as such ...	Fined 5/- and costs ...	13 6
5	Offensive trade contrary to Section 114, Public Health Act, 1875, certified by ten inhabitants ...	Adjourned for three months	

## EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1911

No.	Diseases.				Ages.											Total		
					0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-		75-	85-
1	Small-pox—																	
	(a) Vaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	(b) Unvaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	(c) No Statement	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
2	Measles	..	..	..	..	5	56	3	1	..	1	..	..	..	..	..	..	6
3	Scarlet Fever	..	..	..	..	..	14	11	2	2	..	1	..	..	..	..	..	3
4	Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
5	Epidemic Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
6	Whooping Cough	..	..	..	..	14	13	3	..	..	..	..	..	..	..	..	..	3
7	Diphtheria	..	..	..	..	..	12	5	..	..	..	..	..	..	..	..	..	1
8	Enteric Fever	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	
9	Asiatic Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
10	Diarrhoea, Dysentery	..	..	..	..	14	4	..	..	..	..	..	..	..	..	..	..	1
11	Epidemic Enteritis	..	..	..	..	28	5	..	..	..	..	..	..	..	..	..	..	3
12	Other Allied Diseases	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	
						..	..	..	..	..	..	..	..	..	..	..	..	
						..	..	..	..	..	..	..	..	..	..	..	..	
						..	..	..	..	..	..	..	..	..	..	..	..	
13	Hydrophobia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
14	Glanders	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
15	Tetanus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
16	Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
17	Cowpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
18	Syphilis	..	..	..	..	4	..	..	..	..	1	..	..	..	..	..	..	
19	Gonorrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
20	Phagedæna	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
21	Erysipelas	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	
22	Puerperal Fever	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	
23	Pyæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
24	Infective Endocarditis	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	
25	Other Allied Diseases	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	
25a	Cerebro-Spinal Meningitis	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	
						..	..	..	..	..	..	..	..	..	..	..	..	
26	Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	
27	Rheumatic Fever	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	
28	Rheumatism of Heart	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	
29	Tuberculosis of Brain	..	..	..	..	2	5	4	3	3	..	..	..	..	..	..	..	17
30	Tuberculosis of Larynx	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
31	Phthisis	..	..	..	..	1	1	1	1	6	8	25	17	17	9	1	..	87
32	Abdominal Tuberculosis	..	..	..	..	1	1	1	..	1	..	1	..	..	2	..	..	7
33	General Tuberculosis	..	..	..	..	..	2	1	..	1	..	1	..	..	..	..	..	5
34	Other forms Tuberculosis	..	..	..	..	..	1	..	..	1	..	1	1	1	..	..	..	5
35	Other Infective Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
						..	..	..	..	..	..	..	..	..	..	..	..	
36	Thrush	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
37	Actinomycosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
38	Hydatid Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
						..	..	..	..	..	..	..	..	..	..	..	..	
39	Scurvy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
40	Other Diseases due to Altered Food	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
						..	..	..	..	..	..	..	..	..	..	..	..	
						..	..	..	..	..	..	..	..	..	..	..	..	
	TOTALS	..	..	..	..	70	114	32	7	15	11	33	20	19	13	1	1	336

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
41	Acute Alcoholism .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
42	Chronic Alcoholism .. ..	..	..	..	..	..	..	..	2	..	..	..	..	..	2
43	<i>Chronic Industrial Poisonings</i> ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
44		..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>Other Chronic Poisonings</i> ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
45	Osteo-arthritis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
46	Gout .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
47	Cancer .. ..	..	..	..	..	..	..	1	5	10	24	20	8	..	68
48	Diabetes Mellitus .. ..	..	..	1	1	..	1	..	1	2	3	2	..	..	11
49	Purpura Hæmorrhagica .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50	Hæmophilia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
51	Anæmia .. ..	..	..	..	..	..	1	1	..	..	3	1	..	..	6
52	Lymphadenoma .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
53	Premature Birth .. ..	73	..	..	..	..	..	..	..	..	..	..	..	..	73
54	Injury at Birth .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
55	Debility at Birth .. ..	8	1	..	..	..	..	..	..	..	..	..	..	..	9
56	Atelectasis .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
57	<i>Congenital Defects</i> .. ..	14	..	..	1	..	..	..	..	..	..	..	..	..	15
58		..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Want of Breast Milk .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Atrophy, Debility, Marasmus ..	20	1	..	..	..	..	..	..	..	..	..	..	..	21
60	Dentition .. ..	2	..	..	..	..	..	..	..	..	..	..	..	..	2
61	Rickets .. ..	1	1	..	..	..	..	..	..	..	..	..	..	..	2
62	Old Age, Senile Decay .. ..	..	..	..	..	..	..	..	..	1	2	29	57	33	122
63	Convulsions .. ..	14	4	..	1	..	..	..	..	..	..	..	..	..	19
64	Meningitis .. ..	2	4	5	..	2	1	..	..	..	..	..	..	..	14
65	Encephalitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
66	Apoplexy .. ..	..	..	..	..	..	..	..	5	9	19	16	15	..	64
67	Softening of Brain .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
68	Hemiplegia .. ..	..	..	..	..	..	..	..	..	2	1	3	1	1	8
69	General Paralysis of Insane ..	..	..	..	..	..	..	..	3	3	10	2	..	..	18
70	Other forms of Insanity .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
71	Chorea .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
72	Cerebral Tumour .. ..	..	..	..	1	..	..	1	2	..	..	1	..	..	5
73	Epilepsy .. ..	..	..	1	1	1	..	3	..	1	1	..	..	..	8
74	Laryngismus Stridulus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75	Locomotor Ataxy .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
76	Paraplegia .. ..	..	..	..	..	..	..	..	..	2	2	1	2	..	7
77	<i>Other forms, Brain Diseases</i> ..	1	1	..	..	..	..	..	2	2	2	2	1	..	11
77a	Peripheral Nephritis .. ..	..	1	1	..	..	1	..	1	..	1	..	..	..	5
77b	<i>Other forms Spinal Cord Disease</i> ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
78	Otitis .. ..	..	1	..	1	..	..	..	..	..	..	..	..	..	2
79	Disease of Nose, Epistaxis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80	Diseases of Eye .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
81	Pericarditis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
82	Endocarditis .. ..	..	..	1	..	..	2	6	4	9	10	9	4	..	45
83	Hypertrophy of Heart .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
84	Angina Pectoris .. ..	..	..	..	..	..	..	..	..	..	2	..	..	..	2
85	Aneurism .. ..	..	..	..	..	..	..	..	..	1	..	2	..	..	3
86	Senile Gangrene .. ..	..	..	..	..	..	..	..	..	1	..	..	1	..	2
87	Embolism, Thrombosis .. ..	..	..	..	..	..	..	1	2	1	2	1	..	..	7
88	Phlebitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
89	Varicose Veins .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..		137	14	9	6	3	6	13	29	44	82	90	90	34	557



No.	Diseases.	Ages.													A Ag
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
90	<i>Other Diseases, Heart and Vessels</i>	..	2	..	1	3	3	2	13	10	25	14	9	1	8
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
91	Laryngitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
92	Croup .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
93	<i>Other Diseases, Larynx &amp; Trachea</i>	1	1	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
94	Acute Bronchitis .. ..	22	6	..	..	..	..	1	..	1	1	4	1	1	3
95	Chronic Bronchitis .. ..	..	..	..	..	..	..	1	4	4	10	18	10	1	48
96	Lobar Pneumonia .. ..	2	1	..	..	2	1	..	..	3	1	1	4	..	13
97	Lobular Pneumonia .. ..	16	15	3	1	..	..	1	4	4	1	4	1	..	46
98	Pneumonia .. .. .	10	10	3	1	..	1	4	4	2	2	4	3	..	43
99	Emphysema, Asthma .. ..	..	1	..	..	..	..	..	..	1	1	4	1	..	8
100	Pleurisy .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	..	1
101	<i>Other Diseases, Respiratory System</i>	..	..	..	..	..	1	2	1	..	2	..	..	..	6
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
102	<i>Diseases of Mouth and Annexa</i> ..	1	1	1	..	..	1	1	..	..	..	..	..	..	5
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
103	Diseases of Pharynx .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
104	Diseases of Œsophagus .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
105	Ulcer of Stomach and Duodenum	..	..	..	1	..	2	4	..	..	2	..	..	..	9
106	Other Diseases of Stomach ..	1	..	..	..	..	1	..	..	..	..	1	..	..	3
107	Enteritis .. .. .	23	5	..	..	1	..	1	..	..	..	1	..	..	31
108	Appendicitis .. .. .	..	..	1	1	4	..	2	1	2	..	..	..	..	11
109	Obstruction of Intestine ..	2	1	..	..	1	..	..	..	..	..	2	1	..	7
110	Other Diseases of Intestine ..	..	..	..	..	..	..	..	..	..	2	..	..	..	2
111	Cirrhosis of Liver .. ..	..	..	..	..	..	..	1	4	5	5	7	1	..	23
112	Other Diseases of Liver .. ..	..	1	..	..	..	..	..	..	..	3	3	1	..	8
113	Peritonitis .. .. .	..	..	2	..	1	..	..	..	1	..	..	..	..	4
114	<i>Other Diseases, Digestive System</i>	..	..	..	..	..	..	..	1	1	..	..	..	..	2
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
115	<i>Diseases, Lymphatic System and Glands</i>	..	1	..	..	..	..	2	..	..	..	..	..	..	3
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
116	Acute Nephritis .. .. .	1	1	1	1	..	..	1	2	1	..	..	..	..	8
117	Bright's Disease .. .. .	..	..	..	..	..	..	..	1	2	7	2	3	..	15
118	Calculus .. .. .	..	..	..	..	..	..	..	1	1	..	..	..	..	2
119	Diseases of Bladder and Prostate	..	..	..	..	..	..	1	1	..	2	2	2	..	8
120	<i>Other Diseases, Urinary System</i> ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
121	Diseases of Testis and Penis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
122	Diseases of Ovaries .. .. .	..	..	..	..	..	..	..	..	1	..	..	..	..	1
123	Diseases of Uterus and Appendages	..	..	..	..	..	1	1	..	..	..	..	..	..	2
124	Diseases of Vagina and External Genitals }	..	..	..	..	..	..	..	..	..	..	..	..	..	..
125	Diseases of Breast .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
126	Abortion, Miscarriage .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
127	Puerperal Mania .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	Puerperal Convulsions .. ..	..	..	..	..	..	1	..	1	..	..	..	..	..	2
129	Placenta Prævia, Flooding ..	..	..	..	..	..	..	..	2	..	..	..	..	..	2
	TOTALS ..	79	46	11	6	12	12	24	37	39	65	67	38	3	438

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
130	Puerperal Thrombosis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131	Other Diseases, Pregnancy and Childbirth }	..	..	..	..	..	..	2	..	1	..	..	..	..	3
132	Arthritis, Ostitis, Periostitis ..	..	..	1	..	..	..	..	..	..	1	..	..	..	2
133	Other Diseases, Osscous System ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
134	Ulcer, Bedsore ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
135	Eczema ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
136	Pemphigus ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
137	Other Diseases, Integumentary System }	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
138	Accidents and Negligence— In Mines and Quarries ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
139	In Vehicular Traffic ..	..	..	1	..	..	..	1	1	1	..	..	1	..	5
140	On Railways ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
141	On Ships, Boats, &c., (not drowning) }	..	..	..	..	1	..	..	1	..	..	..	1	1	4
142	In Building Operations ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
143	By Machinery ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
144	By Weapons and Implements ..	..	..	..	..	..	..	1	..	..	..	1	..	..	2
145	Burns and Scalds ..	5	7	1	1	..	..	1	..	..	..	..	..	..	15
146	Poisons, Poisonous Vapours ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
147	Surgical Narcosis ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
148	Effects of Electric Shock ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
149	Corrosions by Chemicals ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	Drowning ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
151	Suffocation, Overlaid in Bed ..	9	..	..	..	..	..	..	..	..	..	..	..	..	9
152	„ Otherwise ..	3	1	..	..	..	..	..	..	..	..	..	..	..	4
153	Falls not specified ..	..	..	..	..	..	..	2	1	..	..	..	..	..	3
154	Weather Agencies ..	..	..	1	..	..	1	..	1	..	..	..	..	..	3
154a	Inattention at Birth ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
155	Otherwise not stated ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
156	Homicide ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Suicides—														
157	By Poison ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
158	By Asphyxia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
159	By Hanging and Strangulation ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
160	By Drowning ..	1	..	..	..	..	..	1	..	1	..	..	..	..	3
161	By Shooting ..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
162	By Cut or Stab ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
163	By Precipitation from Elevated Places }	..	..	..	..	..	..	..	..	1	..	..	..	..	1
164	By Crushing ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	By other and unspecified methods ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
166	Execution ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Sudden Death, cause not ascertained ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
168	Ill defined and unspecified causes ..	..	..	..	..	..	..	1	1	..	..	1	1	..	4
169	Not certified ..	10	2	2	..	..	..	..	2	..	2	2	4	4	28
	TOTALS, SHEET No. 4 ..	31	11	6	1	2	3	10	8	6	4	4	8	5	99
	TOTALS, SHEET No. 3 ..	79	46	11	6	12	12	24	37	39	65	67	38	3	439
	TOTALS, SHEET No. 2 ..	137	14	9	6	3	6	13	29	44	82	90	90	34	557
	TOTALS, SHEET No. 1 ..	70	114	32	7	15	11	33	20	19	13	1	1	..	336
	GRAND TOTALS ..	317	185	58	20	32	32	80	94	108	164	162	137	42	1431



## Sale of Food and Drugs Act, 1875.

*Summary of the Reports of the Public Analyst for the City of Coventry upon the articles analysed by him under the above Act for the year ending 31st December, 1911.*

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
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### 1ST QUARTER.

Milk	26 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine.	
"	I "	"	Adulterated, deficient of 5% of fat.	Vendor to be kept under ob- servation.
"	I "	"	Adulterated, deficient of 16 % of fat.	Informal. Vendor to be kept under ob- servation.
		"		Subsequent Formal sample proved to be genuine.
Cream	I "	"	Adulterated, contained 0.2% Boric Preservative.	
Butter	20 "	"	All Genuine.	
Dripping	I "	"	"	
Chocolate	2 "	"	"	
Tincture of Iodine	I "	"	"	
"	I "	"	Adulterated, contained 100% excess Iodide of Potassium viz. 5.58%.	Letter of caution to vendor.
"	I "	"	do. do.	do. do.
Cream of Tartar	I "	"	All Genuine.	
Glycerine	I "	"	"	
Camphorated Oil	I "	"	"	



**Sale of Food and Drugs Act, 1875—Continued.**

Articles submitted for Analysis.	State whether the sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
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**2ND QUARTER.**

Milk	24 smp.	Mr. W. H. Clarke Food & Drugs Inspector to the City of Coventry.	All Genuine.	
Butter	8 "	"	"	
Cheese	2 "	"	"	
Sago	1 "	"	"	
Rice	1 "	"	"	
Pepper	2 "	"	"	
Mustard	2 "	"	"	
Soda				
Water	3 "	"	"	
Whiskey	6 "	"	"	
"	1 "	"	Adulterated, 3.46% excess water	Vendor to be kept under observation.
Liquorice				
Powder	2 "	"	Genuine.	
Cream of				
Tartar	1 "	"	"	
Powdered				
Gentian				
Root	1 "	"	"	
Tincture of				
Rhubarb	1 "	"	"	

**3RD QUARTER.**

Milk	19 smp.	"	Genuine.	
"	1 "	"	Adulterated, 24% added water.	Wholesale dealer fined £5 and costs.
"	1 "	"	" 25% "	Retailer, Case dismissed on payment of costs (19/-) Informal.
"	1 "	"	" 27% and artificially coloured.	
Cream	3 "	"	Genuine.	
Butter	19 "	"	"	
Cream of				
Tartar	2 "	"	"	

**Sale of Food and Drugs Act, 1875—Continued.**

Articles submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so, the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulteration.	Observations.
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## 4TH QUARTER.

Milk	26 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine.	
„	1 „	„	Adulterated, deficient of 8% Fat.	
Butter	12 „	„	Genuine.	Disclosure to this effect on wrapper.
„	1 „	„	Adulterated, 6.7% Water in excess of limit.	
Lard	3 „	„	Genuine.	
Bread	1 „	„	„	
Arrowroot	1 „	„	„	
Camphorated Oil	2 „	„	„	

## CITY OF COVENTRY.

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# PUBLIC ABATTOIR.

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Report of the Medical Officer of Health upon some  
Financial Aspects of the Proposed Scheme.

*To the Sanitary Committee.*

13th November, 1911.

At your last meeting your Committee instructed me to report upon "The questions of the existing slaughter-houses, and the financial considerations of the proposed scheme." I have taken your Committee's instructions to mean—

(1) That your Committee desires to consider at this stage what is likely to be the policy of the Council, after an Abattoir has been erected, in the matter of closing private slaughter-houses.

(2) That your Committee desires to have information concerning the charges usual at Public Abattoirs, so that some idea may now be formed as to the probable effect of any variations in the policy of the Council in the matter of closing private slaughter-houses upon the revenue of the Abattoir, and

(3) As to whether the slaughtering that is likely to be done at the Abattoir will in the course of time grow more or grow less.

(1) As to the policy which would probably be adopted on the erection of an Abattoir in regard to the closing of undesirable slaughter-houses, it appears to me quite impossible to foreshadow what that policy will be except in the most general terms, and having regard to the reasons which have led up to the preparation of a scheme for an Abattoir;



the principal reason leading up to this scheme has always been that if an Abattoir were erected, those old or unsuitable private slaughter-houses which, in many cases, are now used, could be discontinued. It is obvious that from the point of view of revenue for a Public Abattoir it would be best that all private slaughter-houses should be discontinued. The question of providing a Public Abattoir, however, has never rested on the question of revenue. An Abattoir has been thought of on sanitary grounds, and not as a profit-producing business. Most of those in favour of erecting an Abattoir would be equally in favour of so doing, whether the institution were self supporting or not ; if, however, it can be made self-supporting the objections of economists would be met.

Probably the policy of the Council in regard to closing private slaughter-houses will be to some extent regulated by the powers possessed by the Council, and probably, therefore, it would be well for this report to set out clearly here what those powers are. At the present time there are 51 private slaughter-houses in use in the city ; of these, 16 are " old registered " slaughter-houses ; 25 are " old licensed " ; to these should probably be added 3 included in the added area of 1899, making 28 " old licensed " slaughter-houses, and there are 7 " annually licensed " slaughter-houses. The powers of the Corporation in the way of closing these slaughter-houses vary.

(a) In regard to the " old registered " slaughter-houses the Corporation possesses special powers granted by section 60 of the Corporation Act, 1900, by which section the Corporation is enabled to give notice to the owner and occupier of any registered slaughter-house which, from its situation or construction is, in the opinion of the Corporation, injurious or dangerous to the public health, requiring that the premises shall cease to be used as a slaughter-house on and after such date (not being less than six months from the service of such notice) as may be specified in the notice. The section further makes it compulsory on the part of the Corporation to make compensation to the owner and occupier of any such registered slaughter-house who was injuriously affected by the requirements of the Corporation in regard to closure, such compensation to be settled in the manner provided by the Public Health Act, 1875. There are, therefore, 16 private slaughter-houses, none of which could be closed compulsorily except by giving compensation. In my report concerning the condition of the private slaughter-houses of this city dated June 16th, 1909, I expressed the opinion that 15 of these 16 registered slaughter-houses were very undesirable, and that one was undesirable. When the question arises concerning the closing of any of these slaughter-houses your Committee will probably deal with each one on its merits, and have regard to the probable amount of compensation that would be called for. It also seems to me hardly likely that your Committee would, in the first instance, deal with the " old registered " slaughter-houses until the " old licensed " ones had been considered.

(b) The “ old licensed ” slaughter-houses are those over which your Committee has a larger measure of control in the matter of closing than those in the previous group; they have been licensed as slaughter-houses since the adoption of the Towns Improvement Clauses Act, 1847; since that date the Corporation have had in view the possibility at some time of erecting an Abattoir, and these licences have, on this account, been granted conditionally; the licensees have been required to sign undertakings that on the erection of an Abattoir they would discontinue their private slaughter-houses. In addition to this conditional character of the licence the decision in the case of *Goodwin v Sale* in 1907 affects these slaughter-houses; that decision was to the effect that licences granted to slaughter-houses after the adoption of the Towns Improvement Clauses Act, 1847, were granted not to the buildings as had hitherto been supposed, but to the person occupying the slaughter-house, and that when that person ceased to occupy, the license disappeared. In consequence of this decision, as has previously been reported to your Committee, there are some 28 out of the 51 slaughter-houses, most of which are probably illegally occupied at the present day. By section 59 of the Coventry Corporation Act, 1900, the Corporation has power at any time after they have provided a public slaughter-house, to revoke any licence granted by them for a private slaughter-house, making compensation as provided for in the Public Health Act, 1875, except that if any such license has been granted conditionally “on the erection of a public slaughter-house,” when no compensation shall be payable unless the Corporation shall, for special reasons, see fit to grant such compensation. The policy to be adopted by the Corporation will probably receive a considerable amount of consideration from your Committee, and it is reasonable to suppose that the conditional character of the original licenses together with the fact of *Goodwin v Sale* which, in most of these cases, renders the continued use of these slaughter-houses illegal unless re-licensed by your Committee, will have weight in determining the recommendation of your Committee in regard to compensation.

My report to your Committee of 1909 expressed the view that 27 of these “ old licensed ” slaughter-houses were very undesirable, and that one was undesirable.

(c) There are 7 annually licensed slaughter-houses. The wording of Section 59 of the Corporation Act, 1900, would appear to give the Corporation power to compensate in the case of annual licenses as well as in other cases if they thought fit; the fact that these are “ annually ” licensed sufficiently explains the power of the Corporation over them. My report for 1909 expressed the opinion that 4 of these annually licensed slaughter-houses were very undesirable, and that 2 were satisfactory.

(2) The following are the charges made at the Public Abattoir of South Shields for slaughtering, extra lairage, etc. :—



## PART 1.

For slaughtering, including the use of lairs, for any period not exceeding 24 hours, and of water fittings, utensils, appliances and conveniences :—

For every beast	...	...	1s. 3d.
„ „ calf	...	...	6d.
„ „ sheep or lamb	...	...	2d.
„ „ pig over 12 stones	...	...	1s. 0d.
„ „ pig not over 12 stones	...	...	6d.

Provided that the charge in respect of any animal of which the immediate slaughter is necessary brought into the slaughter-houses on Sunday, Good Friday, or Christmas Day, or any other week-day during the hours when the slaughter-houses are closed in pursuance of the provisions of the byelaw in that behalf shall be a sum which shall amount to twice the sum hereinbefore specified for an animal of the same description.

## PART 2

LAIRS :—For the use of Lairs for every day or any part thereof after the first 24 hours :—

For every Beast	...	...	...	3d.
„ Calf, Sheep, Lamb, or Pig	...	...	...	1d.

## PART 3.

### FOR THE USE OF THE WEIGHHOUSE.

For every head of Cattle other than Sheep or Swine	...	...	...	2d.
For Sheep or Swine, every five or less number	...	...	...	1d.
For every Cart weighing with its load one ton or under	...	...	...	3d.
For every additional half ton or fractional part of half a ton	...	...	...	1½d.
For any other Article if weighing 28 lbs. or under	...	...	...	½d.
For any other Article if weighing above 28 lbs., and not exceeding 112 lbs.	...	...	...	1d.
For any other Article, for every additional 56 lbs., or fractional part thereof	...	...	...	½d.

In order to obtain information concerning the extent of the slaughtering done in Coventry at the present time, Mr. Clarke has kindly collected, direct from each individual butcher, information which



must be taken as accurate concerning the average slaughtering done by each one per average week. Supposing the charges adopted at South Shields are adopted here, it is possible at this time to form some opinion as to the revenue from slaughtering on the basis of the closure of any proportion of the existing slaughter-houses that your Committee may think reasonable. Those figures will not include anything for extra lairage, use of the weighhouse, or the use of the cold stores. It may be reasonable to suppose that the cold stores should help the revenue. Appended to this report is a list of the charges for the use of the cold stores at South Shields.

As a working example of the revenue from slaughtering let us suppose that the 28 conditional licenses, and, in the main, illegally occupied slaughter-houses, are closed, and that the four very undesirable annually licensed slaughter-houses are also closed, *i.e.*, 32 of the 51 slaughter-houses of the city, and also supposing that the slaughtering now done in these slaughter-houses is transferred to the Public Abattoir, the amount of slaughtering estimated per year to be at present done in the 28 conditionally licensed slaughter-houses is as follows:—3,198 beasts; 468 calves; 12,688 sheep; and 4,888 pigs. The amount estimated to be done in the four very undesirable annually licensed slaughter-houses is as follows:—520 beasts; 60 calves; 2,028 sheep; and 624 pigs. Adopting the South Shields figures, and averaging the pigs at 9d. per head, the revenue from the slaughtering would amount to £574 18s. 2d.

Also it may be expected that seven butchers now using, by permission, the old registered slaughter-houses, and not being the occupiers, would use the Public Abattoir; in this case the above sum would be increased by £58 7s. 10d., making a total of £633 6s.

There would of course be, as mentioned above, other sources of revenue, but it is not easy to see how these can be estimated, neither is it easy to anticipate what the expenditure will be. I have not thought it useful to write to other towns owning public slaughter-houses for further information than your Committee have already possessed, concerning their balance sheets. In 1898 your then Town Clerk, Mr. Beard, collected this information from 31 towns having Public Abattoirs; that information was printed and circulated to the Committee. Figures are published in the Municipal Year Book concerning most of the Public Abattoirs of the country, including both large and small; in regard to the larger ones, these are included with the figures relating to Markets, and therefore, would be of no use in this connection. Where there are separate figures given for the slaughter-houses, I have selected the larger of the undertakings, as given in the Municipal Year Book for 1911, and append the figures below:—

TOWN.	Date of acquisition or inauguration.	Capital expended by local authority.	Capital repaid or in sinking fund.	Receipts (exclusive of appropriations from rates) 1909-10.	Expenditure, 1909-10	Interest & Sinking Fund, 1909-10.
Accrington ...	1891	£ 11,150	£ 2,732	£ 365	£ 266	£ 483
Barrow-in-Furness	1901	19,950	1,663	877	521	707
Birkenhead ...	1887	11,599	2,238	491	563	458
Blackburn ...	1876	11,810	2,176	1,012	772	535
Blackpool ...	1895	14,383	4,484	567	666	725
Brighton ...	1894	12,047	5,592	443	893	629
Burnley ...	1879	13,759	6,441	1,094	623	540
Greenock ...	...	10,305	1,923	1,150	685	417
Pontypridd ...	1893	13,839	5,158	431	547	732
South Shields ...	1906	19,962	1,124	999	1,031	926

(3) As to whether the slaughtering that will be done at the Public Abattoir will in the course of time grow more or grow less, a fairly accurate estimate of the probabilities regarding this matter can be obtained by comparing the amount of slaughtering done years ago with that done now. It has been suggested that great increase has taken place in recent years in the importation of frozen and other dead meat which has considerably diminished the demand for English killed meat. The information that has at different times been collected for your Committee on the subject of slaughter-houses now extends over a period of years, and we are therefore able to compare the estimate of to-day with that of say 1899, or 12 years ago; in that year your then Town Clerk (Mr. Lewis Beard) and the City Engineer presented to the Abattoir Sub-Committee a report on the question of an Abattoir; that report included a statement concerning the amount of slaughtering that, at that date, was supposed to take place in Coventry. The estimate was obtained from the butchers themselves through the then Secretary of the Master Butchers Association. The figures then obtained were as follows:—

Cattle (including calves)	...	...	4845
Sheep ...	...	...	13706
Pigs ...	...	...	5297
Total			23848



The figures obtained to-day very carefully from the butchers are given below:—

Cattle (including calves)	...	...	7748
Sheep	...	...	25844
Pigs	...	...	11596
Total			<u>45188</u>

It will be seen that the amount of slaughtering taking place to-day is nearly double that taking place 12 years ago in Coventry; that being the case it must be reasonable to suppose that if the size of the City continues to increase, the slaughtering will probably increase also.

## CHARGES FOR USE OF COLD STORES.

### 1.—MEAT, Etc.

	First Day.	Each Succeeding Day.	Per Week
Beef, in sides	1s.	6d.	3s.
Beef quarters	9d.	4d.	1s. 6d.
Sheep and lamb, Carcase	6d.	3d.	1s.
"    "    sides, or pairs of quarters	3d.	1½d.	6d.
Pigs, over 130 lbs.	10d.	5d.	1s. 9d.
"    under 130 lbs.	6d.	3d.	1s. 6d.
Calves, over 100 lbs.	10d.	5d.	1s. 9d.
"    under 100 lbs.	6d.	3d.	1s.
"    sides, 100 lbs.	6d.	3d.	1s.
Beasts' heads	1d. per week or part thereof.		
Calves'    "	1d.	"	"
Sheeps' heads	1d.	"	"
Pigs' heads	1d.	"	"
Beasts' livers	1d.	"	"
Beasts' hearts	1d.	"	"
Beasts' tails	4d. per doz. per week or part thereof		
"    "    "	2d. per half doz. or under.		
Sheep and pigs plucks	1d. per week or part thereof.		
Beast's skirts and kidneys	1d.	"	"
Bags (Tripe), per lb.	1/10d.	"	"
Beasts' feet (per set of four),	2d. per month, 6d. for six months.		
Meat in baskets, and suet,	1d. per stone for first day; ½d. per stone afterwards.		
Boxes of sundries (chilled), as pork, loins, legs, suet, kidneys, tails, tripe, chickens, etc.	1d. per stone per day for first two days; ½d. after.		
Frozen mutton, lamb, veal, beef, in quarters or pieces,	1/8d. per lb. for 28 days or part thereof.		



## 2.—FISH, GAME, POULTRY, Etc.

### FISH.

	First Day.	Each Succeeding Day.	Per Week.
Large box, not exceeding 2 cwt. ... ..	6d.	... 3d.	... 1s.
Small box, not exceeding 1 cwt. ... ..	4d.	... 2d.	... 9d.
Kits ... ..	6d.	... 3d.	... 1s.
Kippers, box ... ..	1d. per week or part thereof.		
Finnon haddocks, box ... ..	1d. per stone per week or part thereof.		
Mussels, bags ... ..	3d. per week or part thereof.		
Cockles, „ ... ..	3d.	„	„
Whelks, „ ... ..	3d.	„	„
Shrimps, flat ... ..	6d.	„	„
Crabs, per cwt., barrels ... ..	6d.	„	„
Salmon, turbot, halibot ... ..	$\frac{1}{8}$ d.	„	„
Other loose fish ... ..	1d. each per week or part thereof.		
Sparlings ... ..	4d. per dozen baskets, per week or part thereof.		

### GAME AND POULTRY.

Deer ... ..	1s. 6d. each per week or part thereof.
Venison, haunch or fore- quarter ... ..	9d. each per week or part thereof.
Game ... ..	1d. for 3 days; 2d. for 7 days; 3d. per month after first week.
Hares ... ..	$\frac{1}{2}$ d. for 3 days; $1\frac{1}{2}$ d. for 7 days; 3d. per month after first week.
Rabbits ... ..	$\frac{1}{2}$ d. per couple for 3 days; 1d. per week; 2d. per month after first week.
Geese and Turkeys ... ..	1d. each for 3 days; 2d. for 7 days; 4d. per month after first week.
Ducks and Chickens ... ..	$\frac{1}{2}$ d. each for 3 days; $1\frac{1}{2}$ d. for 7 days; 3d. per month after first week.
Game, Poultry, etc., in packages ... ..	6d. per cwt. for first week, or any part thereof; or 3d. per week for each succeeding week. Minimum charge of 3d. per packet.

### 3.—FRUIT, VEGETABLES, BUTTER, CHEESE, Etc.

#### FRUIT.

Apples, barrel	...	...	6d. per week or part thereof.
Pears, basket or box	...	...	2d.       ,,       ,,
Plums,       ,,       ,,	...	...	3d.       ,,       ,,
Apricots,       ,,       ,,	...	...	1½d.       ,,       ,,

#### VEGETABLES AND PROVISIONS.

Cabbages, crates	...	...	6d. per week or part thereof.
Beans, bags	...	...	3d.       ,,       ,,
Watercress, hampers	...	...	3d.       ,,       ,,
Flower roots (bulbs)	...	...	¼d. per lb.       ,,
Butter, 56 lbs. or cwt., cask			
or box	...	...	4d. for first 3 days; 6d. per week.
Butter, large lots	...	...	12/6 per ton for 14 days, or any part thereof; 5/- per ton for following 7 days; 2/6 per ton for following days up to 28 days.
Lard	...	...	Same as butter.
Cheese	...	...	1d. per stone per week, or part thereof.
Bacon and Hams	...	...	3d. per cwt. per week, or part thereof; 2d. per cwt. per week after 2 weeks; 10/- per ton per 4 weeks.
Eggs, 2 cwt. boxes	...	...	1/6 per week or part thereof.
,, I       ,,       ,,	...	...	1/-       ,,       ,,       ,,
Milk, per churn	...	...	First day 6d. Each succeeding day 3d., per week 9d.





# Report of the Delegates who attended the Congress of the Royal Institute of Public Health.

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This Annual Congress was held at Dublin from August 15th to 21st, under the presidency of Her Excellency the Countess of Aberdeen. Your Chairman, Vice-Chairman, and Medical Officer of Health attended as delegates.

At the opening ceremony the outgoing President, Sir William Lever, introduced his successor. The presidential address of the Countess of Aberdeen dealt largely with the work attempted by the Women's National Health Association of Ireland, and pleaded for a more systematic training of girls in hygienic knowledge.

The actual work of the Congress was divided up into the following sections :—

- (a) Preventive Medicine.
- (b) Chemistry and Bacteriology.
- (c) Child Study and Eugenics.
- (d) Comparative Pathology and Veterinary Hygiene.
- (e) Engineering and Architecture.
- (f) Housing of the Working Classes, Town Planning, etc.
- (g) Municipal and Parliamentary.
- (h) Vital Statistics.

Also there were Conferences of Medical Officers of Health and Port Sanitary Authorities, and also of Sanitary Inspectors.

There was a generally expressed opinion that these ten sections were too numerous; that the subjects covered by these sections overlap is obvious, and it was found that similar and related papers were being given at different sections; further, the multiplicity of the sections militated largely against the attendances at any being large and against the discussions being representative.

Dr. A. C. Houston, director of water examination, London Metropolitan Water Board, read a paper in which he treated of water and disease, and the danger of drinking impure water. For the safety of filtered water, he said, we had to thank probably the comparatively

innocuous nature of the unfiltered water rather than the protection of the filtration process. Indeed, if sand filtration was to be relied on it was so because the unfiltered water was never so bad as to leave it still dangerous after 98 or 99 per cent. of the total number of bacteria have been first eliminated. Epidemics of typhoid fever were probably usually caused by a sudden accidental specific pollution, and to prevent their occurrence river water should always be stored antecedent to filtration. Further, the utmost care should be exercised so as to prevent the possibility of contamination at the filtration works or subsequently in connection with the distribution of the water. It would be hazardous to say that endemic typhoid fever has no relation to water supply, but if the relationship were constant, direct, and important, we might expect to find some correspondence between the seasonal prevalence of the disease, and the periods of maximum deterioration of the supply. In London, generally speaking, the worst water periods, as judged by the B. Coli test, lag so considerably after the periods of maximum incidence of typhoid fever as to make it difficult to believe that there is any close, direct, or constant connection between the two. The fact that so many places whose sources of water supply are unimpeachable suffer more from typhoid fever than places supplied with water not above the reach of suspicion, leads to the belief that water cannot always play a prominent part in producing this disease. His view was, that while always advocating the choice of a pure water supply, we have been over-estimating the dangerous qualities of unfiltered water as a constant factor, and under-estimating the necessity of shutting the door against the possibility of accident and also placing an altogether delusive value on the beneficial effects of sand filtration alone.

Professor Adeney said that it seemed to him the communication was an important one on the subject of water generally from a bacteriological point of view.

Dr. Matthew Hay (Aberdeen) said he was not inclined to question any conclusion arrived at by Dr. Houston. With regard to water and the prevalence of typhoid, on the whole he agreed with Dr. Houston. There had been a general reduction of typhoid in the cities and towns of Scotland regardless of the nature of the water supply.

Sir Acheson M'Cullagh said that investigation showed that the origin of epidemics in most cases was due to other causes than impure water.

Dr. Stafford complimented Dr. Houston on his paper, and said that the introduction of the system of water filtering in Dublin was followed by quite a large reduction in the death-rate, especially in regard to typhoid fever. He feared that some erroneous conclusions might be arrived at by country people from Dr. Houston's paper, and he trusted that rural authorities would not be induced to bestow less care in keeping their water supply pure. He should like to ask Dr. Houston whether (apart from sentimental considerations as regards colour, suspected matter, etc.), he would like to drink typhoid infected water which had been stored up for, say, thirty days, or the same water after it had undergone sand filtration alone.



Dr. Houston replied that he would certainly prefer to drink the stored water than the filtered water.

One of the most important papers of the Congress was that read by Dr. E. J. M'Weeney, on "The Role of Carrier Cases in the Propagation of Infectious Disease." He began by defining "carrier" cases as persons who, without presenting any symptoms of an infectious disease, nevertheless harbour and give off the specific germs, and thus constitute a source of infection, the more dangerous because unsuspected. Carrier cases may be divided into (at least) two categories. The first is that of persons who, having actually passed through an attack of the disease in question, and recovered, still continue to harbour and give off the germs. There are carrier cases *sensu stricto*. The other category comprises persons who have been in relation with declared cases, but have not themselves presented any symptoms and yet are found on examination to be giving off the micro-organism. For such persons the writer suggests the name of "infectious contacts." A third category might be made of persons who are actually the subjects of the disease in a very chronic form, and keep on for years suffering from slight symptoms, not enough to attract much attention. Typhoid fever is the disease in the spreading of which the "carrier" case and the "infectious contact" play the largest part, whilst tuberculosis and diphtheria furnish classical examples of the third category. Dr. M'Weeney then proceeded to deal seriatim with the role of such persons in the propagation of Asiatic cholera, cerebro-spinal fever, diphtheria, dysentery and bubonic plague, bringing out the results of the most recent investigation in each disease. He then dealt with the principal subject of this paper, the part played by such cases in the dissemination of typhoid or enteric fever. He pointed out that where refined methods of diagnosis were employed it was possible in any typhoid-stricken locality to discover persons who, whilst not in any way ill, were nevertheless excreting the germs of the disease. Thus in one locality mentioned by Lentz, where only 7 cases were notified, no less than 73 were detected by bacteriological procedures. Of those who recover from actual attacks, about 5 per cent. become chronic carriers, and of these 75 per cent. are women. "Infectious contacts" in the sense above defined are often found amongst those who live in the same house with actual cases, or have to attend on them. A large proportion of temporary carriers are children, and there is even a case recorded where a suckling babe infected its wet-nurse and many of her relatives.

Many cases of so-called gastritis in children are in reality typhoid. After mentioning the position occupied by the infectious bacilli in the bodies of carrier cases and the paths by which they reach the exterior, the writer proceeded to detail his own experience of typhoid carriers in Ireland. He mentioned an explosive outbreak at a boarding school, where the infection was traced to the milk of a certain dairy. He found the girl who milked the cows was a carrier. He also described in detail the case of a female carrier to whom between thirty and forty cases of enteric fever were traced. She also was a dairy-maid, and the infection was carried in the milk. The great importance



of her case lay in the fact that she was kept under his own observation and that of other doctors for fifteen months at the Mater Hospital in Dublin. During all that time she was excreting typhoid germs by the million. They had striven with might and main to free this poor girl from her disease germs. So far as he was aware, all such efforts hitherto recorded had been in vain, or attended with doubtful results. He was pleased to be in a position to inform them that their efforts at the Mater Hospital had been attended with a certain measure of success. After a prolonged course of vaccine treatment, followed by a surgical operation, the bacilli disappeared, and for over six weeks prior to her departure not a trace of them could be detected, even by the most refined methods of examination. It remained to be seen whether the cure would prove permanent, and he was sorry to say that since her return home the patient had hitherto refused facilities for examination. But the result, so far as it went, was highly satisfactory. The writer then gave details regarding two other carriers (also females) that had given rise to outbreaks of typhoid in the North of Ireland. These outbreaks had been investigated by the inspectors of the Local Government Board, specimens from the suspected persons had been sent up, and the bacilli detected, thereby confirming the opinion expressed as to the cause of these outbreaks. In conclusion, Professor M'Weeney expressed the view that our public health law in its present condition afforded no adequate means of keeping typhoid carriers under observation or restricting them in the choice of occupation. Employed as cooks or dairymaids they were a source of grave danger. He considered that they ought not to be permitted to take such situations, and that they should be placed under some form of restraint unless willing to carry out the necessary measures of cleanliness and disinfection indicated by the public health authority. As matters stood, the community was powerless to deal with such persons, and he thought the matter should receive the immediate attention of the Legislature.

Dr. J. Coote Hibbert, Medical Officer of Warrington, read a paper on "Disinfection of Schools." He said that the elaborate system of fumigating or spraying schools for disinfecting purposes had for the most part been given up, and greater attention had been paid to the exclusion from the schools of all children who may be carriers of infection. The great need was the thorough cleansing of the school rooms with soap and water. Fresh air and light were most important in keeping the children healthy.

Dr. R. S. Marsden read a paper on "Pasteurized and Sterilized Milk Dépôts." He said that he had found in all the towns in England where pasteurized milk dépôts had been tried they had been run at considerable monetary loss to the ratepayers, and in most cases had been given up after a trial of a few years. With the single exception of Liverpool, in all the towns he had visited, he was advised not to adopt a pasteurized or sterilized milk dépôt as being out of date, and even in Liverpool he was told that the matter required careful consideration before adopting it. They laid great stress on the fact that they considered a great part of the good result claimed for their dépôt was due

to the very elaborate system they had of following up the case by house visiting afterwards. The dépôt entailed a dead loss to the ratepayers of over £2,000 a year. At Bradford and St. Helens milk dépôts were still in existence, but the medical officer in each of these towns said he would not advise his committee to start one if they had to begin. In other large towns dépôts had been given up, and the general conclusion arrived at was that a clean milk supply was the goal to be arrived at, and the careful supervision of the children and mother. After taking into full consideration what he had seen and heard, he was of opinion that it was not advisable for a town to embark on a pasteurized milk dépôt.

Dr. W. F. Dearden, Medical Officer of Health, port of Manchester, read a paper on "Problems of Industrial Disease," dealing with the prevention of disease in certain industries, and the securing of compensation to those workpeople who succumb to the noxious influences of the process at which they are engaged.

Professor W. R. Smith, M.D., Principal of the Royal Institute of Public Health, read a paper on "National Insurance, its Influence on Public Health."

Professor Smith said the Government Insurance Bill would create a revolution in the conditions of medical practice, inasmuch as it would be the death knell of the shilling doctor, would alter the whole medical character of sick clubs, and lay the foundation of a State medical service. From the point of view in which medical officers were particularly interested the measure did not perhaps go very far, but as an instalment he thought they should cordially welcome the Bill, and give it whatever support they could. One of the advantages of the Bill was that it encouraged thrift, because on the introduction of the principle of the payment of arrears it amounted to a guarantee that the Friendly Society would scrutinise very carefully the character, general demeanour, and conduct of a man before he was admitted to the society. This would effectively diminish the wastrel type, who only worked for a few weeks and then went off; he would be always in arrear, and the society would be responsible for a certain percentage of his arrears before he could get any benefit. Another advantage was derived from the Post Office part of the scheme. It would be possible to obtain a census of the physically unsound. They would get to know the number of persons in the country who were so physically unsound that they could not even pass a physical examination by a doctor, and they would further find out for the whole community the number of people rejected on physical grounds, exactly as they did in the Army. The poor people would be better off than they were before, for under the scheme they would get 9d. for every 4d. they put by. Most of those who deserved sympathy amongst them would be tuberculosis patients. As to the local health committees and their constitution, he thought they ought to be representative of the majority of the people. This was more incumbent than ever, now that they had transferred the medical aid to local health committees. There was a million pounds



for sanatoria benefit; there would now be another four millions of medical aid transferred to these committees. They must contemplate the whole of the medical aid being transferred. At any rate a very substantial part of it would be, and so they would begin by their having four or five millions of money to administer. This would come from the contributions of the members of approved societies and of Post Office contributors, and they could not transfer the administration of a fund which was contributed by these fifteen million people to the representatives of the ratepayers. That was not representation with taxation. The taxation was of the members of these societies, and if the administration was handed over to another corporation, who had no responsibility for the fund, there was the temptation that they would spend it rather to relieve the rates than the condition of the members of the societies. From the preventive medicine point of view the Insurance Bill promised a great deal as a first instalment. They, who were interested in the public health, would welcome it and give it their support, because it represented the first serious step which had been taken to recognise the disabilities from which a large part of the population were suffering, and to remove others, and so benefit the health of the community in general.

Sir Lambert Ormsby, M.D., Chairman of the Association for the Housing of the Very Poor, Limited, read a paper on "The Housing of the Very Poor," in which he stated that he was aware that one of the most important, and at the same time one of the most urgent, questions of the day which those responsible for the well-being and health of the people have to deal with, was the housing of the very poor. Much has been done for the housing of the artisan and middle classes in the city and suburbs, but for the very poor, that was to say, people who out of their weekly earnings could only afford to pay from one shilling to two shillings a week for their room accommodation, nothing was ever done till the Association for the Housing of the Very Poor, Ltd., started in 1898, and it had been slowly working in this direction for thirteen years, in Werburgh Street and Summer Street, Coombe. There were thousands of people in the City of Dublin who could not afford to pay more than from 1s. to 2s. a week out of their miserable and precarious earnings, and as a result occupied insanitary rooms in courts, lanes, alleys, cellars, and garrets, being the lowest class tenements in the poorest localities. It was impossible to compel the landlords of these low class tenements to keep them in perfect sanitary order.

Mr. John R. O'Connell, M.A., L.L.D., read a paper on "The Housing Problem of Dublin." During the course of his address, he said: The problem of the adequate housing of the poor is full of difficulties wherever it has to be faced, but its difficulties are greater and more fundamental in Dublin than in most cities, while of the urgent need of a speedy solution there can be no question. The three factors of the situation are familiar enough—they are an ancient and non-manufacturing city, a population of exceptional poverty, a death-rate of exceptional magnitude. In the course of its existence Dublin did not expand in the normal fashion of most cities, which, flourishing



and prosperous in their centres, threw out roots and branches beyond their boundaries to meet and satisfy the needs of their growing artizan and labouring classes. In most progressive cities we find that the artizans and labourers, who are attracted by the growing prosperity and importance of such a place, find healthy and suitable dwellings provided for them on the outskirts of the city, and under conditions of sanitation and fresh air which are fairly satisfactory. But in our capital, for reasons which it would be improper for me to dwell on, decay set in in the very heart and brain of the city, and the organism which should have given life and activity to all the members was itself deprived of both. We are therefore face to face with the almost unique condition of things that in those portions of the city which were once the residences of the wealthiest and most cultivated members of the community, where the best work of the eighteenth century builder and artist is even still to be seen at its best, all the houses designed for and intended to be occupied by one family of means and refinement, are now occupied by sometimes as many as a dozen families, each family varying in number from three to ten, inhabiting one separate single room. According to the census of 1901, of 59,263 families or occupiers of distinct dwellings, 21,702, or 36.6 per cent., or nearly two-fifths of all the families, occupied each a single room. It must further be borne in mind that these houses in which the poor now most do congregate were built from about 1720 to 1820, at a time when little regard was paid to sanitary requirements, and if these houses would now be regarded as in the highest degree unsatisfactory as the residence of a single family such as they were originally built for, it is quite needless to point out how utterly unsuited they are as dwellings for the large families who are crowded into every room from the cellars to the garrets. The second factor in the problem of the poor of Dublin is their exceptional poverty. Unlike other cities where there are numerous manufactures creating a demand for highly qualified and consequently highly paid labour, Dublin has few inducements to retain the artizan capable of earning high wages elsewhere, while the capital acts as a magnet to the less efficient workman, who shows an increasing tendency to drift from the rural districts to the city. The result of this combination of extreme poverty and unsatisfactory housing conditions is to be found in the death-rate of our city, which, although happily decreasing with a gradual and steady decrease, is still higher than that of any other city in the United Kingdom.

It cannot be too strongly insisted on that the clearance of spaces and the erection of sanitary dwellings, however well designed and thought out, will never meet the evil unless the new buildings can be let at rents at least as low as those which were paid in the tenements which are swept away. At present what only too often happens is that the tenants of the ancient rookeries find the rents of the improved dwellings beyond their means, and being unable to take advantage of them, simply migrate into other tenements as insanitary as those which have been demolished.

In conclusion, he desired to offer this suggestion. All persons who take an interest in the problem of the housing of the poor are agreed that it is a question of great difficulty, of great public necessity, and of an urgency which admits of no long delay. Is it not desirable that the entire question should be committed to a Viceregal Commission to enquire and report on this great problem of the poor in Dublin—their housing and their economic conditions in all their aspects? He was well aware that certain phases of this problem have to a certain limited extent been touched on by the earlier inquiries referred to in this paper, but it must be remembered that Sir Robert Rawlinson's Commission—which dealt with but the least important part of the subject—reported so far back as 32 years ago, and the Local Government Board report is even now more than eleven years old. In the decade which has passed the progress of sanitary science, the advance in ideas relating to the adequate housing of the poor, the immense widening and broadening of all our concepts of the duties of the community to its poorer members, to its houseless and homeless ones, to those who are compelled to look to the State for the provision and preservation of their houses, and the need of safeguarding the young on whose healthy and efficient lives the future of our race so largely depends, all these considerations suggest that this is a subject so urgent and so important that even at the risk of going over ground which has already been to some extent traversed, it would be well that our knowledge should be brought up to date, and that the remedies which are now needed, and which can now be put into effect, should be ascertained.

Sir Charles Cameron, Medical Officer of Health of Dublin, said that the preparation of the paper must have involved a very great amount of research. He had always taken a deep interest in the problem of the housing of the working classes. The Corporation had always encountered great difficulty in carrying out the Act. The great cost of clearing insanitary buildings was a most serious consideration. Houses had to be purchased at too high a rate, and there should be some legislation to give arbitrary powers making the arbitrator's decision final, and not subject to appeal. A very large proportion of inhabitants of these houses could not pay more than 2s. a week, and good results would always follow from providing improved homes for the very poor. He thought it a great waste of public money for dwellings to be provided at rents of, say 5s. or 6s. a week. It was the very lowest classes who should be provided for. In every case separate sanitary accommodation should be provided for every family, even those paying only 2s. a week.

Alderman M'Walter agreed with Dr. O'Connell as to the desirability of a Viceregal Commission. It was criminally wasteful to provide dwellings for people who could pay 5s. or 7s. a week, and they should be indicted for it. What they required was to provide dwellings that could be let at 1s. a week. It should be possible to pay a small amount out of the rates to build dwellings of that kind rather than borrowing money, and after probably ten years they would have an enormous number of dwellings for the very poor.



The President of the Section of Child Study and Eugenics was Sir James Barr, M.D. (Liverpool).

In the course of his address Sir James said he believed this was the first time that eugenics had been accorded a prominent position in any Health Congress, and, therefore, all the more honour to the first president. It was especially gratifying to him that this honour should be bestowed in his native land. The study of eugenics was largely concerned with the propagation and rearing of healthy and intellectual children, and, therefore, "Child Study" had been appropriately linked on to this section. The study of eugenics was an extremely wide subject, as anything which was calculated to lead to the moral, intellectual, physical, and social improvement of the human race came within their purview, but, as charity began at home, they were primarily concerned with national eugenics, the improvement of their breed, and they should endeavour that the English-speaking people should not be outstripped in the human race.

Before concluding his address Sir James Barr criticised the National Insurance Bill. He said that two German doctors recently told him that their Insurance Bill had led to the establishment of a set of new nervous diseases, he supposed somewhat like those engendered by our Workmen's Compensation Act. In this country we were following the bad example of Germany, and a Minister of the Crown, who had got no originality, but whose imitative faculty was so strongly developed that he might readily be mistaken for a Jap in place of a Welshman, had introduced into Parliament an Insurance Bill which, when passed, would practically be an Act for the endowment of disease, and no doubt disease would flourish as it was nurtured. The only redeeming feature in the whole Bill was the maternity endowment of a miserable 30s., which was quite on a par with the remission from the income-tax of the price of a dog licence for every child under 16 years of age. The health of a nation was its most valuable asset, and the preservation of health was the duty of every statesman, but with disease he had got no business, except on preventive lines. Unfortunately, in this kingdom politicians were as thick as blackberries, some of them as thick as thieves, but a statesman was a *rara avis*. The health of a nation was its most valuable asset, and he would like to see every man between the ages of 20 and 60 able to handle a rifle and a bayonet, and if need be take part in the defence of his country. He would encourage the military spirit from early youth upwards as the best means of developing the physique and the moral and physical grit of the nation. A nation in arms like Germany was not more pugnacious than we were. It was not the mastiff which started the fight, but the yelping cur. Wars were not started by military men, but by politicians and low-bred financiers, and some newspaper editors, who would never do any fighting themselves. A good deal of the insane legislation and wasteful expenditure of recent years had arisen from the teaching of sanitarians and some leading medical men, that everything depended on environment, and heredity did not count.



Those, like himself, who attached a high value to heredity, were not likely to neglect the proper consideration of the environment in the evolution of the race. They could develop an intellectual giant, and improve the conditions under which such a one was likely to be produced, but environment would not make one. He had a high opinion of his countrymen, and he thought, if rightly guided, they would still play an important part in the world's history.

Professor M'Weeney, of Dublin, read an interesting paper on the subject of the relation of bacilli of the Typho-Coli group to meat poisoning, and Paratyphoid, in which he related the results of his investigations into the causes of some cases of meat poisoning. The details of these investigations were of a technical character; his conclusion was that there was a remedy against some of these appalling occurrences, and it lay in a careful, thorough-going system of meat inspection. All killing should be done in the public abattoir. The vast majority of outbreaks of food-poisoning had been traced to carcasses privately slaughtered, and in most cases there was evidence pointing to the fact that the animal was ill or actually dying at the time of slaughter. In such carcasses careful inspection reveals such conditions as pyæmic abscesses, umbilical infection, septic enteritis or endometritis, more especially in wasted or emaciated animals. Bacteriological examination was of the utmost value in such cases, and facilities for carrying out such investigations ought to be provided at every well-equipped public abattoir. Under their president, Professor Mettam, young veterinarians were now receiving a thorough course of instruction in bacteriology, and he (the speaker) did really think the time had now come when bacteriological methods, such as cultivation and agglutination experiments, should be introduced at their abattoir in Dublin. He felt sure that his friend, Mr. Watson, the very competent Veterinary Inspector of the Corporation, would heartily welcome such assistance, by which he could set up a future barrier against this form of preventible disease.

Professor Craig said that the paper was one of great importance to the profession, and especially so to the meat inspectors. He agreed with the view put forward by Professor M'Weeney that special facilities should be afforded to meat inspectors at abattoirs. He thought it would be right that a resolution should be passed by that meeting to the effect that a general system of skilled meat inspection was required not only in the cities, but also in the rural districts of Ireland, and that meat inspectors should be supplied with proper facilities for conducting their investigations.

Professor Mason said that while everything should be done to protect the public in the matter of the food supplied to them, they should not be unjust to vested interests, or to people carrying on a legitimate line of trade. When they spoke very definitely of bacteria and other action, it was well to be cautious, and to remember that though specialists had come to certain conclusions the authorities must

be careful to avoid inflicting hardships on traders. At the same time, he thought that the best men in the victualling and dairying trades would always welcome proper inspection—especially if carried on upon scientific lines.

Mr. Cooney, President of the Victuallers Association, said that where cattle were destroyed in the public interest, the State, or the local authority, should compensate the owners. The present state of the law was unfair to the traders in that respect.

Sir Christopher Nixon said the subject of the discussion was one of the most interesting character. There were just one or two observations which he would like to make on the matter. It had been shown distinctly by the report of the Tuberculosis Commission that the two diseases, human and bovine tuberculosis, were merely variants of the same disease, and that bovine tuberculosis was communicable to man. The obligation was therefore imposed on the community of taking the strongest possible steps to prevent the spread of tuberculosis from bovine to man. Further, they must be satisfied that the children were not getting milk from tuberculous cows. That was a point which must exercise considerable interest not only for the veterinary profession, but also the profession of human medicine. On the other hand, if it could be shown, in certain instances, that it was absolutely necessary for the health and vitality of the young that cattle should be destroyed, which cattle the owner had bought in the ordinary way and in perfect good faith, then he (Sir Christopher Nixon) contended that the State was bound to compensate to the full extent the person whose beast was so slaughtered. That would, of course, involve a large expenditure of money, but they were living in an age of enormous expenditure of money, and he did not think that any of the schemes upon which that money was to be expended stood really in the strong position which was held by the veterinary and human medicine professions when they set themselves, as they must do, to prevent the children of their time being poisoned by tuberculous milk.

Mr. Joseph Hatch said the great difficulty in the matter of the sale of milk lay with the public institutions over the country, which expected to be supplied with good milk at an impossible price. It was little encouragement to dairy proprietors to adopt tuberculin treatment for their cows, and secure the best hygienic conditions for their dairies when they found that they were shown no preference by doctors and others, whose opinion was of weight with the public and with public institutions.

Professor M'Weeney, in reply to the various criticisms on his paper, declared entirely against private slaughter-houses being allowed to exist. If proper abattoir accommodation were provided within reasonable distance of the butchers, and also of the railways, he did not see that the victuallers would have any reason to offer strong objection to a system which had worked so well in other countries.



A paper was read by Mr. W. J. B. Devine, of Birmingham, on "The contamination of milk occurring between the cow and the consumer."

It necessarily occurred that local and Irish public health problems were much spoken of; a very stirring address was given by the President of the Municipal and Parliamentary section, the Right Hon. T. W. Russell.

This dealt with Dublin past and present. Having sketched the condition of Dublin at the close of the eighteenth century, and the manner in which the fine old mansions had become overcrowded, unhealthy tenements, he urged that a grave injustice, financial and otherwise, is done to the metropolitan area by the abstraction of the wealthy and growing suburbs of Rathmines, Pembroke, and Blackrock, and his conviction was that if politics could be eliminated from this question, if the Dublin Corporation, which does much of its work extremely well, could be got to refrain from what it seems to delight in doing—namely, putting its worst side to the front—could be got to take a chastened view of politics and an enlightened survey of some other things equally important, the difficulty in dealing with this question would be greatly reduced. Mr. Russell continued: "I am persuaded that until this is done, until greater Dublin is brought alongside these problems of health and sanitary science, it will be impossible to grapple with the evil. I think, however, that those of us who live a few years longer will see more than a beginning made of this work. Righteous citizens will not always be content to see the very poor herded and huddled together like swine, with dirt and drink reigning supreme in their midst. Men will not always be content to have a question like this discussed in a circle—they will not be content to feel they are bound in financial fetters when they seek to deal with it. As things are, an intolerable burden is placed upon the shoulders of the poorer class of citizens, while the wealth and business energy retire, disgusted and dismayed if you like, from the centre. The tenement house question in Dublin is almost entirely a money question. There are hundreds of houses which ought to be condemned and the sites cleared. But again I ask, where are the people to go? I have seen it proposed that workmen's colonies in the form of garden cities should be built outside the city, which could be reached by means of electric traction. No doubt the gain from such a plan would be enormous, but apart from the question of the acquisition of the necessary land and its cost, may I ask who is to be left to inhabit the city? The aristocracy and the gentry have migrated to London, the commercial classes to the suburbs. It is now suggested that the best of our artizans should go beyond the city boundaries. Who, then, will be left? No. If we read the signs of the times aright, we are close to the opening of a new era—when, perhaps, loftier conceptions of civic patriotism may prevail, when a new generation will not be content to see a great historic city in the grip of slum owners and their allies, when it will neither be so difficult nor so costly to get legislative authority for reforms. And perhaps



our reformers are wise in accepting the advice to "wait and see." But the Congress may be assured that this question of housing is in deed and in fact the question of questions so far as the public health of Dublin is concerned."

The conference of Medical Officers of Health was presided over by Dr. E. W. Hope, Medical Officer of Health, Liverpool.

In the course of his address Dr. Hope said they all appreciated the advantages of meeting in the great City of Dublin, not only from the social point of view, but also because Dublin presented many enigmas of sanitation, which were also present in some cities across the channel. A gratifying feature of the annual reports was the record of steady, continuous progress of improvement, of diminished sickness and mortality, results that fully justified all the labour and pains and money spent on sanitation during the last fifteen years. Doctors and sanitary authorities were crippled and hampered in their work, and had an uninformed public opinion to contend against, and matters were still worse when they had strong vested interests against them. Instances were fresh in the mind in which neglect by Sanitary Authorities to put Sanitary Acts of Parliament into operation resulted in grave prejudice to the public health. He need only mention the condition of many country cowsheds in illustration. The main difficulty was not only in the making of the laws, although ample instruction was encountered here, but in making the laws effective in application. It was obvious, therefore, that the first step towards the remedy of an evil is to diffuse knowledge of its existence, its consequences, and of the means by which it might be remedied. Much of the success of modern methods of gravitation and inspection clearly depended upon the fact that the inspectors themselves had been properly selected and trained for the special duties which they were called upon to discharge. It was generally recognised now that this special training is an absolutely essential preliminary to successful work. Zeal, earnestness, and philanthropy, could not replace it. Typhus fever, a form of disease common enough in both Dublin and Liverpool thirty years ago, had been eliminated by mere administrative methods.

In the conference of sanitary inspectors the President, Mr. Charles Travers, said Parliament had wisely passed several Acts relating to the preservation of wild birds, dogs, and cats. Legislators have talked themselves hoarse, either about the short length of a railway in Uganda or the exact position of a frontier on a barren waste in Central Africa, or a frozen region in Alaska, but neither of the great political parties seem anxious or willing to pass an Act to consolidate the present Public Health Acts, and to so amend them as to make the resulting Act one that will harmonise with modern science and modern conditions.

Very numerous other papers were read, but it is quite impossible in a short report such as this to refer to them. Your delegates visited

various places of interest in Dublin, including their sewage disposal works and the Allan Ryan Hospital for Consumptives, and in consequence of the railway strike, left Dublin on the afternoon of the 18th of August. Saturday, the 19th, was devoted to excursions; on the Monday (21st) some few remaining papers were read, and the final meeting of the Congress was held; at this it was announced that the next Congress would be held in 1912 in Berlin.

Health Department, Coventry.

October 16, 1911.

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# CITY OF COVENTRY.

## DISTRIBUTION OF CASES OF INFECTIOUS DISEASE.

1911.

- SCARLET FEVER.
- TYPHOID
- ⊙ DIPHTHERIA.



Scale: 6 Inches to a Mile.



